

DEC 1 3 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 24 1934

1. PLACE OF DEATH *St. Louis Central Clayton*
 County *St. Louis* Registration District No. *790*
 Township *Central* Primary Registration District No. *60339*
 City *Clayton* (No. *St. Louis County Hosp.*) St. _____ Ward) _____

2. FULL NAME *Eus Hoppe*
 (a) Residence, No. *6710 Lily Ave.* St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

40627
 File No. _____
 Registered No. *380*
 _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 16. 1893</i>		
7. AGE	YEARS <i>41</i>	MONTHS <i>10</i>
	DAYS <i>0</i>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Stone mason</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
FATHER	13. NAME <i>Eus Hoppe</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Bertha Grechlach</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Paul Hoppe 4300 Calhoun Ave.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>National Cem.</i> DATE <i>11-20-1934</i>		
19. UNDERTAKER (ADDRESS) <i>E. Hoffmeister U. S. Co. 7814 S. Broadway</i>		
20. FILED <i>11/19</i> 19 <i>34</i> <i>Roll</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-16* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *11-14* 19*34* to *11-16* 19*34*
 I last saw him alive on *11-16* 19*34* Death is said to have occurred on the date stated above, at *4 a.m.*
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108
 Other contributory causes of importance: *None*
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *Oren K. Johnson* M. D.
 (Address) *St. Louis, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 2 1968