

DEC 13 1934

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

Do not use this space.

40710

## 1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5751) Totus St. .... Ward)

File No.....  
Registered No. 10646  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 5751 Totus Ave St. 6 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August L. W. Hoppe</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-3-1861</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>	DAYS <u>1</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>St. Louis Mo</u>	
MOTHER FATHER	13. NAME <u>Frederick Casper</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany</u>
	15. MAIDEN NAME <u>Caroline Heidelberger</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany</u>
17. INFORMANT (ADDRESS) <u>Anna Jacquinet 4355 Warrelman Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem</u> DATE <u>11-7</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>Alexander's Con. Inc. 6175 Delmar Blvd</u>	
20. FILED <u>5</u> 19 <u>34</u> 19. <u>J. F. Bredick</u> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 193422. I HEREBY CERTIFY, That I attended deceased from 10 / 12 1934, to 11 / 4 1934I last saw her alive on 11 / 4 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

True bronchial asthma  
Bronchio pneumonia  
Myocarditis chronic  
Date of onset 10/20/34

Other contributory causes of importance:

Old age

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) Clarence T. Eckert, M. D.(Address) 607 U. Grand

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

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.

