

APR 3 1935

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

Do not use this space.

10317

1. PLACE OF DEATH

County *St Charles*
Township *Currier*
City *Wentzville, Mo.* (No.)

Registration District No. *760*
Primary Registration District No. *4455*

File No. *7*
Registered No. *21*
St. Ward)

2. FULL NAME

(a) Residence, No. *4027 1/2* *Westford* 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Clie Hopmann*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 25 - 1887*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laddery*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Mfg.*
10. Date deceased last worked at this occupation (month and year) *3/10/35* 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Mo.*

13. NAME *August Hopmann*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*

15. MAIDEN NAME *Josephine Becker*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Perman Mo.*

17. INFORMANT (ADDRESS) *Adrian Hopmann 4027 1/2 Westford*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis Mo.* DATE *3-14* 1935

19. UNDERTAKER (ADDRESS) *W. P. Phipps Wentzville Mo.*

20. FILED *3/12* 1935 *W. C. Caldwell* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10* 1935

22. I HEREBY CERTIFY, That ~~deceased~~ *Retained deceased from* I held inquest, 19 *Mar 11* 1935
First seen ~~alive on~~ 19... Death is said to have occurred on the date stated above, at *5:25* p. m.

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

Accidental trauma due to being struck by wheel of wabash freight train while riding in auto at railroad crossing in Wentzville Mo. Date of onset *Mar 10 1935*

Other contributory causes of importance: *no*

Name of operation *none* Date of *none*
What test confirmed diagnosis? *inquest* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *Mar 10* 1935
Where did injury occur? *Wentzville Mo.* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury *Train auto collision*
Nature of injury *Trauma of body*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify *none*
(Signed) *Will L Freeman* M. D.
(Address) *St Charles Mo*

coroner of St Charles Co 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.

