

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.

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

Do not use this space.

AUG 9 1935

24345

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **St. Louis, Mo.** (No. **1312 Bayard**) St. Ward)

File No.
Registered No. **5704**
St. Ward)

2. FULL NAME

(a) Residence, No. **1312 Bayard** 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female**
4. COLOR OR RACE **Colored**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bernard Hopson**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 15, 1878**
7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
5 11 16

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1st**, 19**35**
22. I HEREBY CERTIFY that I attended deceased from **June 1** to **July 1st**, 19**35**
I last saw her alive on **July 1st**, 19**35**. Death is said to have occurred on the date stated above, at **4:50 am**.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Date of onset **June 30**

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

Other contributory causes of importance:
Atherosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisville, Ky.**

Name of operation..... Date of.....
What test confirmed diagnosis? **Cerebral** Was there an autopsy?.....

MOTHER FATHER
13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mr. Bernard Hopson**
(ADDRESS) **1312 Bayard Ave.**

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.

18. BURIAL, CREMATION OR REMOVAL PLACE **St. Peter's** DATE **July 3rd**, 19**35**

19. UNDERTAKER **J. C. Gordon**
(ADDRESS) **2649 S. W. 1st St.**

Manner of injury.....
Nature of injury.....

20. FILED **DL - 2** 19**35** **J. Bredeck**
Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **W. H. Pung**, M. D.
(Address) **2316 W. 1st St.**

