

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

Do not use this space.

**DEC 12 1935**

**791  
1003**

38014

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St Louis (No. Alexander Bros)..... St. .... Ward)

File No..... **10026**  
Registered No.....  
St. .... Ward)

**2. FULL NAME**

John J. Hopkins  
(a) Residence, No. 6317 Louisiana 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept - 7, 1857</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>7</u>
	DAYS <u>7</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>Unknown</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 15 yrs</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/28, 1935

I HEREBY CERTIFY That I attended deceased from Nov 9, 1935, to Nov 28, 1935

I last saw him alive on 11/28/35, 19..... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:  
Broncho-pneumonia Date of onset 10/7/35

Other contributory causes of importance  
Hypertrophy of Prostate

Name of operation Prostatectomy Date of 11/9/35

What test confirmed diagnosis?..... Was there an autopsy.....

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?.....  
If so, specify.....  
(Signed) W. S. Moad M. D.  
(Address) 427 West 8th

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>
	13. NAME <u>John Hopkins</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>John Hopkins 6317 Louisiana</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Carmel Pk</u> DATE <u>12-7</u> , 19 <u>35</u>	
19. UNDERTAKER (ADDRESS) <u>Southern Und. Co. 6927 S. Grand</u>	
20. FILED <u>NOV 29 1935</u> 19..... <u>J. Bredeck</u> Registrar.	

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.

