

JUL 18 1936

*Dr. J. W. Killham*

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

Do not use this space.

22387

1. PLACE OF DEATH

County Cole Registration District No. 213  
Township \_\_\_\_\_ Primary Registration District No. 3014  
City Jefferson City (No. Saint Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 186

2. FULL NAME

Emil Sam Hopfen  
1203 West High

(a) Residence, No. \_\_\_\_\_ 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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1892  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 44 4 25  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Oil Co.  
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) St. Thomas, Mo.  
13. NAME Anton Hopfen  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Thomas, Mo.  
15. MAIDEN NAME Rose Martin  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Thomas, Mo.  
17. INFORMANT Mrs. Minnie Hopfen  
(ADDRESS) 1203 W. High Jeff City, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Resurrection Cem. DATE July 1, 36  
19. UNDERTAKER Heinrichs Funeral Home  
(ADDRESS) Jefferson City, Mo.  
20. FILED 6/18/36 1936 Dr. J. W. Killham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936  
22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1936, to 6-28, 1936  
I last saw him alive on 6-28, 1936. Death is said to have occurred on the date stated above, at 10 a. m.  
The principal cause of death and related causes of importance were as follows:

Acute Appendicitis  
Shock (paralytic)  
Date of onset 6-22-36  
6-25-36

Other contributory causes of importance: 10  
Name of operation appendectomy Date of 7-5-36  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) J. W. Killham, M. D.  
(Address) Jefferson City, 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.

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