

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.

AUG 28 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. 816 Mound Street)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. 28846  
Registered No. 7411  
St. .... Ward)

2. FULL NAME

Elizabeth Hopkins  
816 Mound Street

(a) Residence, No. .... St. 26 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 Female 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 Late John J. Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31st, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
74 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) England

FATHER 13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. J. P. Igoe  
(ADDRESS) 816 Mound Street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE July 18th 36

19. UNDERTAKER My Reider, M. Co.  
(ADDRESS) 1817 N. Market St.

20. FILED Jul 16 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th 19 36

22. 6-18 I HEREBY CERTIFY, That I attended deceased from 36 to 7-15, 1936  
I last saw ev alive on 7-15, 1936 Death is said

to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency ?  
due to heart  
Other contributory causes of importance: Heat exhaustion 7/13/36  
Date of onset

Name of operation D. Hart Date of .....  
What test confirmed diagnosis? D. Hart 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 Otto T. Walker, M. D.  
(Signed) Otto T. Walker  
(Address) 2904 Park Ave

2904 Park Ave.