

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.

JUN 12 1937

791
1003

18425

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. DePaul Hospital) St. Ward)

2. FULL NAME Nancy Hope

(a) Residence, No. 5193 Cabanne Avenue St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th 19 37

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. C. Hope

22. I HEREBY CERTIFY, That I attended deceased from 5/12 1937, to 5/17 1937

I last saw her alive on 5/17 1937. Death is said to have occurred on the date stated above, at 8:00 m. A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31st, 1857

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 16

Date of onset 5/17/37

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

Cerebellar hemorrhage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Other contributory causes of importance: 8/2

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) Craneville, Illinois

13. NAME Reuben Hill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Mary McCowan

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

17. INFORMANT A. H. Hope (ADDRESS) 5193 Cabanne Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville, Ill. DATE May 20th 1937

19. UNDERTAKER Albert H. Hoppe Inc. (ADDRESS) 429 N. Euclid Avenue

20. FILED MAY 17 1937 J. Bredeck Registrar.

Name of operation..... Date of.....

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. D. Stoelke, M. D.

(Address) 127 N. Central Ave

899
22 20 22

12 Central