

SEP 10 1937

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

Do not use this space.

29193

1. PLACE OF DEATH

County 1  
Township  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
No. 4100 Burgen Ave.

File No. 7826  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME August Hoppe

(a) Residence, No. 4100 Burgen Ave. St. 1 Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Hoppe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March, 14-1869.</u>		
7. AGE	YEARS	MONTHS
<u>68</u>		<u>5</u>
		DAYS
		<u>4</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>none</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18th., 19 37

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1937, to Aug 18, 1937.  
I last saw him alive on Aug 17, 1937. Death is said to have occurred on the date stated above, at 3.30 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
93C  
Other contributory causes of importance:  
Pyelitis noncalculans & pro-  
stat. renal cystitis hemorrhagica

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Microsc. 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 \_\_\_\_\_  
(Signed) A. M. J. [Signature], M. D.  
(Address) 3014 S. Jefferson

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>
	13. NAME <u>Louis Hoppe</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT (ADDRESS) <u>Anna Hoppe</u> <u>4100 Burgen Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. S. Peter-Paul</u> DATE <u>Aug. 21-</u> , 19 <u>37</u>	
19. UNDERTAKER (ADDRESS) <u>Wacker-Helderle</u> <u>2531 S. Broadway</u>	
20. FIL <u>Aug 20 1937</u> <u>J. F. Biebeck</u> Registrar.	

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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