

FEB 12 1938

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

791  
1003

693  
Do not use this space.

1. PLACE OF DEATH  
 (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) City St Louis (d) Street No. DePaul Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilhelmina Hoppie 100  
 (a) Residence, No. 7024 Waterman Ave., St. University City Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 William Marten Hoppie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>84</u>	<u>1</u>	<u>1</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as 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) Buffalo N  
New York

FATHER 13. NAME Frederick Uetz  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Catharine Kuehler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Lillian Hoppie  
7024 Waterman Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem Cem DATE Jan 18, 1938

19. FUNERAL DIRECTOR (ADDRESS) Beiderwieden F Home Inc  
1936 St Louis Ave

20. FILE JAN 17 1938 J. Brebeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-14-38, 1938, to 1-16-38, 1938  
 I last saw her alive on 1-16-38 Death is said to have occurred on the date stated above, at 10:20 A M m.  
 The principal cause of death and related causes of importance were as follows:  
Broncho-Pneumonia Date of onset 1-14-38  
107a  
 Other contributory causes of importance: Myocardial insufficiency

Name of operation..... Date of.....  
 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? No  
 If so, specify.....  
 (Signed) Oliver White Jr, M. D.  
 (Address) 1124

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.

**STATEMENT BY LICENSED EMBALMER**

I, Geeta G, Licensed Embalmer No. 3737

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Geeta G  
Licensed Embalmer No. 3737

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**