

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

941

Do not use this space.

941

1. PLACE OF DEATH

- (a) County / Registration District No. 791
 (b) Township / Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. City 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 George W. Hooper

- (a) Residence, No. 2352 S. Compton St. 17
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ivy. L. Hooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. Ice & Coal
 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. Louis 0

FATHER 13. NAME John Lyle Hooper 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Ivy L. Hooper
2352 S. Compton

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Feb. 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wacker-Helderle
2331 S. Broadway

20. FILED JAN 30 1939 19 J. P. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 4:00 p. m.

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

Date of onset

Cerebral Hemorrhage
(Apoplexy)

Other contributory causes of importance: 82

Name of operation Date of

What test confirmed diagnosis? 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 Joseph M. ...

(Signed) Joseph M. ...

(Address) Deputy Coroner

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

Frank J. Hyland Sr.

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Frank J. Hyland Sr.

Licensed Embalmer No.....

2645

P. O. Address.....

St Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.