

REC'D JUN 12 1939

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

Do not use this space.

17048

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....
3653 Tesson St.

791
1008

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

100 Emma Hoppe
3653 Tesson St.

(a) Residence No. St. 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 William Hoppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Germany 6

13. NAME Petzealt 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME unknown 9

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

17. INFORMANT William Hoppe (ADDRESS) 3653 Tesson

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity DATE May 20/39, 19

19. UNDERTAKER Fendler Und. Co. (ADDRESS) 7420 Michigan

20. FILED MAY 19 1939 J. B. Fendler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 17, 1939. I last saw him alive on May 17, 1939. Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Chronic myocarditis
Date of onset several years

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical. 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) Owen J. M. Gammell, M. D.
(Address) 7666 Michigan

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 10-22-38 I 48314

Olive E Penell Off Emblem # 186
has Emblem the badge of Emma Happe

H. F. Rowland

Embl Geo to 3114 -