

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
STANDARD CERTIFICATE OF DEATH

37113 ✓

State File No.

Registrar's No. 1054

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution: St. Louis Co. Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 hours
 In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. Mehlville, Mo. (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Martha Hopper
 3. (b) If veteran, name war. --
 3. (c) Social Security No. 160

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 20
 year 1939 hour 2 minute 30 PM

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 31 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>20</u>	_____ hr. _____ min.

Immediate cause of death _____
Cerebral hemorrhage
 Due to _____
 Due to _____

9. Birthplace Missouri (City, town, or county) (State or foreign country)
 10. Usual occupation house work
 11. Industry or business at home
 12. Name Bud Andrews
 13. Birthplace Missouri (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Stroder
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

Other conditions Dibetes mellitus (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____
 59

MOTHER FATHER
 16. (a) Informant's own signature M. Hopper
 (b) Address St. Louis, Co., Mo.
 17. (a) Burial (b) Date thereof Oct. 24/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stroderville, White Water
 18. (a) Signature of funeral director Fendler Und. Co. Mo.
 (b) Address 7420 Michigan, va.
 19. (a) OCT 29 1939 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address CHORNER of St. Louis, County Date signed _____

PHYSICIAN

 Underline the cause to which death should be charged statistically

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, or by.....

Oliver E. Miller

Registered Apprentice No. *186*

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.