

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2  
3-40  
-39  
K23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1587**

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 2 Mos., 23 Days  
(Specify whether  
In this community. 22 years  
years, months or days)

3. (a) PRINT FULL NAME. Sophia Hoppe

3. (b) If veteran, name war. Nil

3. (c) Social Security No. None

4. Sex. Female

5. Color or race. White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. John Hoppe

6. (c) Age of husband or wife if alive. 61 years

7. Birth date of deceased. April 6 1884  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>10</u>	<u>11</u>	hr. min.

9. Birthplace. Springfield, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housework

11. Industry or business. Home

12. Name. Unk. Painter

13. Birthplace. Unk. Germany  
(City, town, or county) (State or foreign country)

14. Maiden name. Unk.

15. Birthplace. Unk. Unk.  
(City, town, or county) (State or foreign country)

16. (a) Informant. John Hoppe

(b) Address. 3618a Dodier St.

17. (a) Burial (b) Date thereof. 2/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park Cem.

18. (e) Signature of funeral director. Sued Meyer & Sons

(b) Address. 3934 N. 20th. St.

19. (a) FEB 18 1941 (b) J. T. Wredeck  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 100

(c) City or town. St. Louis 17 10  
(If outside city or town limits, write "RURAL")

(d) Street No. 3618a Dodier St. 7  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17,  
year 1941 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from November 25, 1940 to February 17, 1941,  
that I last saw her alive on February 17, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Ovary with multiple metastases

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations None.

Of autopsy None.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 0

23. Signature. James P. Murphy (M. D. or other)  
Address 1615 S. 4th St. Date signed 2-18-41

**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

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

**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, fact should be so stated above.**