

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7732

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

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: Enroute To City Hospital # 1
(d) Length of stay: In hospital or institution: 3
In this community: 3 years, months or days

3. (a) PRINT FULL NAME: Hazel Topping
(b) If veteran, name war: None
(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: Hardesty T. Topping
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: July 11th 1896

8. AGE: Years 45, Months 2, Days 13

9. Birthplace: St. Louis Mo.

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER { 12. Name: George W. Heil
13. Birthplace: Pittsburg
14. Maiden name: Linda Kunz
15. Birthplace: Ohio

16. (a) Informant: Hardesty T. Topping
(b) Address: 2614 Minnesota Ave.

17. (a) Burial
(b) Date thereof: 9-27-41

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Kriegshauser Mortuary
(b) Address: 4228 So. Kingshighway Blvd.

19. (a) SEP 25 1941
(b) J. T. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis
(c) City or town: St. Louis
(d) Street No.: 2614 Minnesota Ave.
(e) Citizen of foreign country? No Attending Physician 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 24th
year 1941 hour 3 55 minute P.M.

21. I hereby certify that I attended the deceased from...
that I last saw him... alive on...
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Hypertrophy
Coronary Sclerosis

Due to...
Due to...

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 95%
Of autopsy: 95%
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?:
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Thomas F. Calloway (M.D. or other)
Address: Deputy Coroner Date signed: 9/27/41

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 *Reinhold K. Lehmann*

Licensed Embalmer No. *3395*

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, fact should be so stated above.