S. No. 2
I—1-4-41
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I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12724

Registration District No. 794 | Primary Registration District No. 1003 | Registrar's No. 3571

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. Mary's Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 hours (Specify whether years, months or days)
In this community 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 090 9/17
(c) City or town Saint Louis (If outside city or town limits, write "RURAL") 4
(d) Street No. 2653 A Pine ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Melvin Ray Hopkins
3. (b) If veteran, name war infant
3. (c) Social Security No. —
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife infant
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 2 (Day) 1942 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	17	hr. min.

9. Birthplace ST. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation infant
11. Industry or business —
FATHER
12. Name Lieutenant Hopkins
13. Birthplace Esardell (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Florida Baker
15. Birthplace ST. Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant Lieutenant Hopkins
(b) Address 2653 A Pine ST.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cmty.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard ST.
19. (a) APR 22 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 19 year 1942 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bronchopneumonia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Weiss (M. D. or other)
Address Deputy Coroner Date signed 4/22/42

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur R. Holliard

Licensed Embalmer No. 4221

P. O. Address 2649 a Delmar B

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.