

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days. (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3980 Dover Place.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29  
year 1942 hour 5 P.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Aug 27 1942 to Aug 29 1942  
that I last saw him alive on Aug 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Aspirating Pneumonia  
bronchial  
Due to Dehydration Duration 6

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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 A. J. Heitel (M. D. or other) \_\_\_\_\_  
Address 386 Gravois Date signed 9/2/42

3. (a) PRINT FULL NAME Harold Hopson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 24 1924 (Month) (Day) (Year) 1942

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 5 Days hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Earl Hopson

13. Birthplace Illinois (City, town, or county) (State or foreign country) 1

14. Maiden name Adale Walsch

15. Birthplace Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant Earl Hopson

(b) Address 3980 Dover Place.

17. (a) Burial (b) Date thereof Aug 31  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director J. F. Brebeck  
(b) Address 886 Gravois Ave.  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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

**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.....

.....  
working under my personal supervision.

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

Signed: *David Lee Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Harris*

**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.**