

FILED NOV 6 1942
318

Primary Registration District No. 1003

Registrar's No. 8995

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
1138 Bayard Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME Reginald E. M. Hopkins

3. (b) If veteran, name war..... no

3. (c) Social Security No. 488-07-0575

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Julia Hopkins

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 11 (Month) 8 (Day) 1880 (Year)

8. AGE: Years Months Days If less than one day

61 11 20 hr. min.

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

10. Usual occupation Electrician

11. Industry or business.....

MOTHER FATHER { 12. Name Charles G. Hopkins

13. Birthplace Maysville Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Flora Fosdick

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

16. (a) Informant Mrs. Julia Hopkins

(b) Address 1138 Bayard Ave

17. (a) Burial (b) Date thereof 10-30-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. St. Peters Cemetery

18. (a) Signature of funeral director Delmar Blood

(b) Address 6175 Delmar Blvd.

19. (a) OCT 29 1942 (Date received local registrar) J. F. Prudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 214
(If outside city or town limits, write "RURAL")

(d) Street No. 1138 Bayard Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country..... no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1942 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from Nov 26 1940 to Oct 28 1942
that I last saw him alive on Oct 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Duration several years

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 Peter A. Eck (M. D. or other) M. D.
Address 4701 St Louis Date signed 10/28/42

4701 St. Louis Ave -

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 Geo. E. McCullot

Licensed Embalmer No. 2460

P. O. Address. 6175 Delmar

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.