

S. No. 2
 4-5-42
 5-17-39
 P I X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

38874

State File No. 10236

FILED DEC 15 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
St. Johns Hospit. 1 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 11hrs (Specify whether
 In this community..... life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County..... St. Louis ⁰⁰⁰
 (c) City or town..... St. Louis ^{92b}
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1916 Wright Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... no (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME David Hopkins
 3. (b) If veteran, name war..... none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 6
 year..... 1942 hour 5 minute..... PM.
 21. I hereby certify that I attended the deceased from.....
12-6 1942 to..... — 19.....
 that I last saw him alive on..... 12-6 1942
 and that death occurred on the date and hour stated above.

4. Sex..... M 5. Color or Race..... W
 6. (a) Single, widowed, married, divorced..... S 0
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

Immediate cause of death.....
Pneumonia
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

7. Birth date of deceased..... 12 42
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
— — — 11 hr. min.
 9. Birthplace..... St. Louis, Missouri 0
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

10. Usual occupation..... Nil
 11. Industry or business.....
 12. Name..... Cecil Hopkins
 13. Birthplace..... Crawford County Missouri 0
 (City, town, or county) (State or foreign country)

14. Maiden name..... Dorothy Bragg
 15. Birthplace..... Lewistown Montana 1
 (City, town, or county) (State or foreign country)

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?

16. (a) Informant..... Cecil Hopkins
 (b) Address..... 1916 Wright Ave
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 12-7-42
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... St. Matthews Cemetery
 18. (a) Signature of funeral director..... R. M. McLaughlin
 (b) Address..... 2301 Lafayette Ave
 19. (a) DEC 8 1942 (Date received local registrar) (b) S. F. Budek (Registrar's signature)

23. Signature..... Joseph A. ... (Specify type of place) (c) Means of injury.....
 Address..... 49 E. ... (M. D. or other) M.D.
 Date signed..... 12/7/42

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

MOTHER FATHER

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.

Not Embalmed

Signed... *L.R. Casper*
Licensed Embalmer No. *3633*
P. O. Address *2317 Lafayette*

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.