

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
1109 Penrose St 1  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County 000  
(c) City or town St. Louis 12  
(d) Street No. 1109 Penrose 99  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country 0

3. (a) PRINT FULL NAME Francis George Hopkins  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. 488-76-6804

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
7. Birth date of deceased abt 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace England  
(City, town, or county) (State, foreign country)

10. Usual occupation laborer

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

12. Name unknown

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Peterson

(b) Address 1300 Clark

17. (a) Antemortem Report (b) Date thereof 1-25-43  
(Special, examination, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Rubin  
(b) Address 3500 Rutledge

19. (a) Jan 29 1943 (b) J. A. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd  
year 1943 hour 10 minute 20 A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Occlusion  
Coronary Sclerosis  
Ad. heme pericarditis

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 5

23. Signature W. H. Perry (M. D. or other)  
Address Deputy Coroner Date signed 1/25/43

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER: FATHER:

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**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.....

Licensed Embalmer No.....

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.**