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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19701

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5458

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: 423 N. EUCLID /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 + YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 12

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

(d) Street No. 423 N. Euclid
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Saul Hopper

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife Minnie Hopper

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

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years abt 63 | Months | Days | If less than one day hr. min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)

10. Usual occupation Tailor

11. Industry or business

FATHER
12. Name Mark Hopper
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Rose Horwitz
15. Birthplace Suwalki Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant M. A. Berger
(b) Address 4715 McPherson ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/15/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bnai Amoona

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) JUN 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1943 hour 9 minute 45 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.

	Duration
Immediate cause of death Coronary Sclerosis Arterio sclerosis	
Due to	
Due to 94 a	
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 Thomas F Callaghan (M. D. or other)

Address Deputy Coroner Date signed 6-15-43

(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.....

Licensed Embalmer No.....1527.....

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.