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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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22403

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1413

1. PLACE OF DEATH:

(a) County Gardenville
(b) City or town St. Louis, County
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Miller Nursing Home, 4 8149 Gravois
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4161 Tyrolean Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ivy L. Hooper

3. (b) If veteran, name war --

3. (c) Social Security No. 494-09-6505

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George W. Hooper

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

7. Birth date of deceased October (Month) 19, (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	7	26	hr. min.

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

10. Usual occupation Matron

11. Industry or business Meramec Hills

FATHER
12. Name Dickenson
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Leffler
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Adele Will
(b) Address 4161 Tyrolean

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 18 (Day) 43 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Tucker-Helderle Hnd Co
(b) Address 3634 Gravois Avenue

19. (a) JUN 18 1943 (Date received local registrar) (b) C. D. McGavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1943 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb. 8th, 1943, to June 15th, 1943
that I last saw her alive on June 14th, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis	1 wk.
Due to Chronic Diabetes and	
Due to Arteriosclerosis	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
Of autopsy none

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) XX
(b) Date of occurrence XX
(c) Where did injury occur? XXX (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX (Specify type of place)
While at work? XX (e) Means of injury

23. Signature Dr. W. H. Walters M. D.
Address 3608 South Grand Blvd 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.....

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.