

S. No. 2
OM-2-43
5-17-33
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26748

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 18 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7246

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: MISSOURI BAPTIST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: VIENNA MO. (b) County 6-3

(c) City or town: VIENNA
(If outside city or town limits, write "RURAL") 3 MR.

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NETTA MARIE HOPKINS

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11
year 43 hour _____ minute _____ M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: MARCH 5 1927
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-1-43, 19____ to 8/11-43, 19____; that I last saw her alive on 8/11-43, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>16</u>	<u>5</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death: DRUG CORRECTION CLER

Due to Chemical poisoning

Due to Toxic Corrosion

9. Birthplace: VIENNA MO.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93

10. Usual occupation: SCHOOL GIRL

11. Industry or business _____

12. Name: THOMAS HOPKINS

13. Birthplace: VIENNA MO.
(City, town, or county) (State or foreign country)

14. Maiden name: MAMIE HANSE

15. Birthplace: VIENNA MO.
(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.

16. (a) Informant: ORA COPELAND

(b) Address: 1124 Westrehan city

17. (a) BURIAL (b) Date thereof: 8-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: VIENNA, MO.

18. (a) Signature of funeral director: Birmingham Funeral Home

(b) Address: VIENNA, MO.

19. (a) AUG 17 1943 (b) J.F. Bredeck
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature: R.T. Anderson (M. D. or other)

Address: 4932 Moyland Date signed: 8/11-43

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.....

Frank Prokoff....., Registered Apprentice No. *339*
working under my personal supervision.

Signed *John Ketter*.....
Licensed Embalmer No. *3880*

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.