S. No. 2
4—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30939

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 8578

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: 3112a Lismore Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No.: 3112a Lismore Street (If rural, give location) 20

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Vienna May Hopkins

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

3. (c) Social Security No.: -

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Stephen Hopkins

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: July 4, (Month) 1879 (Year)

8. AGE: Years 64 | Months 2 | Days 23 | If less than one day: hr. min.

9. Birthplace: Lincoln Co. Troy (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: James Foster
13. Birthplace: Lincoln Co. Troy (City, town, or county) 0 Missouri (State or foreign country)

MOTHER
14. Maiden name: Rebecca Ann Calloway
15. Birthplace: Lincoln Co. Troy (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant:
(b) Address: 3112a Lismore Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 30th, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Troy Missouri

18. (a) Signature of funeral director: General Funeral Home Inc.
(b) Address: 2235 University Street

19. (a) SEP 28 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th. year 1943 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 3 19 43 to Sept 27 19 43 that I last saw her alive on Sept 25 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death: A. Cardiac decompensation — Duration

Due to: Hypertension

Due to: Diabetes mellitus

Other conditions: Cerebral Hemorrhage
(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? no
While at work? (Specify type of place) (e) Means of injury:

23. Signature: Samuel Wagner M.D. (M. D. or other)
Address: 2906 N. Union Date signed: 9/27/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wolff
2906 N. Union Blvd.
Ev. 5004

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 Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Mo.

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.