

FILED OCT 27 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9282**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **St. Louis City Hospital,  
Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 Days** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **408 N. Sarah St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Sidney Barnes Hoppius**

3. (b) If veteran, name war **\*\*\*\*\*** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married. **Divorced Widower**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 4 1879**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>6</b>	<b>16</b>	hr. _____ min.

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

10. Usual occupation **Salesman**

11. Industry or business **Retired**

MOTHER FATHER

12. Name **Herman Hoppius**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Tierney**

15. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray J. Hoppin**

(b) Address **4951 Lindenwood Ave**

17. (a) **Cremation** (b) Date thereof **Oct 22 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Peets Brothers**  
**3029 Lafayette Ave**

(b) Address

19. (a) **OCT 27 1943** (b) **J. F. Breda**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **20**,  
year **1943** hour **8:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **October 17**, 19**43** to **October 20**, 19**43**; that I last saw him alive on **October 20**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** - Duration **2 wks.**

Due to **Suppurative Nephritis**

Due to **Possible Cancer of Prostate**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None performed**  
Of autopsy **Not performed**

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?

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

Signature **L. T. Ford** (M. D. or other) **M.D.**  
Address **1515 Lafayette Avenue** Date signed **10/20/43**

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

**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 Frank J. Swan  
Licensed Embalmer No. 2245  
P. O. Address St. Louis 210

**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.**