

S. No. 2  
DM-5-43  
V. 5-17-39  
I X36671

FILED MAY 20 1944

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:  
(a) County Saint Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Station Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 1/2 hrs  
In this community 15 1/2 hours  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Saint Louis  
(c) City or town Jefferson Barracks St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. Station Hospital 5436 Perrod St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - - - - -

3. (a) PRINT FULL NAME PATRICIA JEAN HOPKINS  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day twelfth  
year 1944 hour 6 minute 40 P.M.  
21. I hereby certify that I attended the deceased from 3:10 AM  
12 May 19 44 to 6:40 PM 12 May 19 44  
that I last saw her alive on 12 May 19 44  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced - - - -  
6. (c) Age of husband or wife if alive - - - years  
7. Birth date of deceased May 12 1944  
(Month) (Day) (Year)

Immediate cause of death Prematurity  
Duration

8. AGE: Years Months Days If less than one day  
15 hr. 30 min.

Due to - - - - -  
Due to - - - - -  
Other conditions (Include pregnancy within 3 months of death)

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

Major findings: Of operations 159  
Of autopsy - - - - -  
PHYSICIAN - - - - -  
Underline the cause to which death should be charged statistically.

10. Usual occupation - - - - -

11. Industry or business - - - - -

MOTHER FATHER {  
12. Name Reuben Edward Hopkins  
13. Birthplace Murphysboro Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Enzie Marie Danz  
15. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

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? - - - - -

16. (a) Informant Certificate of Birth  
(b) Address Jefferson Barracks, Mo. Sta Hosp  
17. (a) BURIAL (b) Date thereof 5-15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Park Lawn Cemetery

23. Signature James W. Norris (Specify type of place) (M. D. or other) MD  
Address Sta Hosp, Jefferson Barracks Date signed 5/14/44

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 South Grand Blvd.  
19. (a) MAY 16 1944 (b) C. G. Mc Gowan, M.D.  
(Date received) (Registrar's signature)

**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.....

*Vincent L. Bergman*

Licensed Embalmer No.....

*4018*

P. O. Address.....

*St Louis, 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.**