

FILED AUG 21 1944

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7106**

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**5045 Davidson Avenue**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **50 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis** **12**  
(If outside city or town limits, write "RURAL") **9**  
 (d) Street No. **5045 Davison Avenue**  
(If rural, give location) **7**  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **FRED HOPPE**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Aug** day **14**  
 year **1944** hour **2** minute **15** P.M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widower**  
 6. (b) Name of husband or wife **Augusta Hoppe (Nee Gross)**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Mar. 16, 1866**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **5-15-44**  
 \_\_\_\_\_, 19\_\_\_\_, to **9-14-44**, 19\_\_\_\_;  
 that I last saw him alive on **9-14-44**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**78** **4** **29** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Cardio-vascular renal disease**  
 Due to **Cerebros of fever**  
 Due to \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country) **Germany 4**  
 10. Usual occupation **Retired**

Other conditions **1/2 H**  
(Include pregnancy within 3 months of death)

11. Industry or business **Railroad Clerk**  
 12. Name **Fred Hoppe**  
 13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Not known**  
 15. Birthplace **Germany 4**  
(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 **Mrs. Lillian L. Kuechenmeister**  
 (b) Address **5045 Davison Avenue**  
 17. (a) **Burial:** (b) Date thereof **8/18/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Chicago, Ill.**

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?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury **9**

18. (a) Signature of funeral director **Math. Hermann & Son**  
 (b) Address **2161 East Fair Avenue**  
 19. (a) **AUG 15 1944** **J. F. Brodek**  
(Date of local registration) (Registrar's signature)

23. Signature **J. F. Brodek** (M. D. or other) **M.P.**  
 Address **5074 N. Union** Date signed **8-15-44**

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 Gustav W. Dittler

Licensed Embalmer No. 4329

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.**