

FILED SEP 9 1944  
Registration District No. 197

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis County  
 (b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Adm. Sept. 5, 1944  
(Specify whether years, months or days)  
 In this community since 9/5/44

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
 (c) City or town Cantwell  
(If outside city or town limits, write "RURAL")  
 (d) Street No. -  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country -

3. (a) PRINT FULL NAME HOPKINS, Harold Vernon  
 3. (b) If veteran, name war World War #2  
 3. (c) Social Security No. Yes-not rem.

4. Sex Male 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 June 14, 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
24 2 23 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business -

MOTHER FATHER  
 12. Name O. C. Hopkins  
 13. Birthplace Crawford Co., Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Garrla Veman  
 15. Birthplace Crawford Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mari Schilling  
 (b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.  
 17. (a) Burial (b) Date thereof 9-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cantwell, Missouri

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.

19. (a) SEP 8 - 1944 (b) [Signature]  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th, year 1944 hour 5:00 minute A. M.  
 21. I hereby certify that I attended the deceased from September 5, 1944 to September 7, 1944 that I last saw him alive on September 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death PLEURISY WITH EFFUSION, RIGHT MASSIVE, PROBABLY TUBERCULOSIS.  
 Due to -  
 Due to -  
 Other conditions None  
(Include pregnancy within 3 months of death)

Duration Unkn.  
 PHYSICIAN -  
 Underline the cause to which death should be charged statistically.

Major findings: Of operations No operation.  
 Of autopsy No autopsy. 1381

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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?  
-

White or work? - (Specify type of place)  
 Signature [Signature] (M. D. or other) 9/7/44  
 Address - CHIEF MEDICAL OFFICER. Date signed -

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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.....

working under my personal supervision.....

....., Registered Apprentice No. ....

Signed *Albert G Hoppe*

Licensed Embalmer No. *2971*

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: