No. 2
-1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29436

Registration District No. FILED SEP 18 1948

Primary Registration District No. 1003

Registrar's No. 7707

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ALEXIAN Bro (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ohio

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL") 24

(d) Street No. 2126a Chippewa (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William F Hoeper

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sophia

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct (Month) 10 (Day) 1884 (Year)

8. AGE: Years 59 ~~60~~ Months 10 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business Hellrung & Grimm Furn Co

FATHER
12. Name Frank Heeper
13. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Louisa Will
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Sphia Hoeper

(b) Address 2126a Chippewa St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 7 (Day) 44 (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und Co

(b) Address 4228 So, Kingshighway

19. (a) SEP 6 1944 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1944 hour 12 Noon minute M.

21. I hereby certify that I attended the deceased from July 21 1944, to Sept 4 1944 that I last saw him alive on Sept 4 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas with Metastasis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Extensive metastasis of Ca of head of Pancreas

Duration: Sept 4-5 Months

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 0

Address 3606 Grains Date signed 9/5/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Weinsberg

2-4 PM

3606 [illegible]

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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.