S. No. 2
OM—2-43
v. 5-17-39
I X35597

2:45

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 376

Registrar's No. 168

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: Lutheran Hosp.
(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 000 17

(c) City or town St. Louis 924
(If outside city or town limits, write "RURAL")

(d) Street No. 3417a Iowa Av.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred W. Hoppman

3. (b) If veteran, name war World War #1.

3. (c) Social Security No. 498-05-0907

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Dorothy Hoppman

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov. 7 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	1	28	hr. min.

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

10. Usual occupation Inspecter Amertorp Co.

11. Industry or business

FATHER
12. Name August Hoppman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Sparfeld
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Dorothy Hoppman
(b) Address 3417a Iowa Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Witt Bros. L & N Co.
(b) Address 2929 S Jefferson Av.

19. (a) JAN 8 1945 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1945 hour 12 minute 45 p. M.

21. I hereby certify that I attended the deceased from Dec. 27 1, 1944, to Jan 5, 1940;
that I last saw him alive on Jan 5, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gangrenous Bronchitis & terminal Pneumonia Left lower lobe	24 hrs
Due to Uremia	4 days
Due to Lever Chirrosis of Liver	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 124
Of autopsy

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 C. C. Kienzle (M. D. ~~or other~~)
Address 3805 S Broadway Date signed 1/6/45

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.