

U.S. No. 2
FORM 2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 5 1945

Registration District No.

Primary Registration District No. 3066

Registrar's No. 2748

6
4
2

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Northwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 400 S. Northwood Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Christine Hopkins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Samuel H. Hopkins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 02 Days _____ If less than one day hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name C. R. Woodward

13. Birthplace Lockport N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Christina Christian

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

16. (a) Informant Mrs. Mcbride

(b) Address 400 So. Northwood

17. (a) Burial (b) Date thereof 1-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director L. H. Bopp Inc.

(b) Address Northwood Mo.

19. (a) JAN 9 1945 (b) C. S. McLaursan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town Northwood
(If outside city or town limits, write "RURAL")

(d) Street No. 400 S. Northwood Rd
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1945 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Dec 13 1932 to Jan 6 1945
that I last saw her alive on Jan 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis
N. Coracins. When seen and died suddenly & pain.

Due to Coronary Arteriosclerosis
Arterio-sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

Signature M. D. [unclear] (M. D. or other) MD
Address 921 N. Milwaukee St Date signed 1-8-45

Northwood, Mo

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 Felix Demand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.