V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7138

Primary Registration District No. 3069

Registrar's No. 477

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Glendale, (If outside city or town limits, write "RURAL")
(d) Street No. 939 Nancy Carol Lane (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wilhelmina Hoppe.

3. (b) If veteran, name war no

3. (c) Social Security No. 497-10-3811

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis W. Hoppe

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

7. Birth date of deceased Oct. (Month) 6th (Day) 1883 (Year)

8. AGE: Years 61 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Vice President

11. Industry or business Hoppe Inc.

MOTHER FATHER
12. Name Adolph Finke
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Ernestine Brodritsch.
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Louis A. Hoppe.
(b) Residence 939 Nancy Carol Lane, Glendale, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) 2-20-45 (Date received local registrar) (b) E. G. Gauran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th year 1945 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from June, 1943, to Feb. 17, 1945; that I last saw h. alive on Feb. 17, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Paul E. Rutledge (M. D. or other)
Address Kirkwood, Mo. Date signed 2-19-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul E. Rutledge.
411 N. Kirkwood
KI-842

NOV 26 1945

APR 2 1945

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - 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.