

FILED JUN 11 1945  
Registration District No. 577

Primary Registration District No. 3067

Registrar's No. 1273

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
6337 San Bonita Ave.  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

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

(d) Street No. 6337 San Bonita Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William F. Hopkins.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W.

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Cordelia M. Hopkins. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 19, 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>9</u>	<u>12</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation Bridge Construction Ret.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Henry S. Hopkins

13. Birthplace Mass.  
(City, town, or county) (State or foreign country)

14. Maiden name Nathele W. Willb

15. Birthplace Netherlands.  
(City, town, or county) (State or foreign country)

16. (a) Informant George K. Hopkins.

(b) Address 334 Summit Ave.

17. (a) Burial. (b) Date thereof 6-4-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly  
Leudell Blvd

(b) Address \_\_\_\_\_

19. (a) JUN 4 1945 (b) E. B. McEwan, HQ  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st.  
year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug. 20, 1945 to June 1, 1945;  
that I last saw him alive on June 1, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertrophemia e metastases to long bones & lungs 3 1/2 months

Due to: (Diagnosed by obtaining 52 cells from sediment of chest fluid withdrawn)

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature Hiram L. Leggett (M. D. or other) M.D.  
Address 3720 Washington Blvd. Date signed 6/1/45

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

6  
2  
3

**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**