

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 I X36671

State File No. ....

**FILED NOV 19 1945**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9763**

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

**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:  
ALEXIAN BROTHERS HOSPITAL  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 HOURS  
(Specify whether)  
 In this community 9 YEARS  
years, months or days

3. (a) PRINT FULL NAME ROYAL E. (ROY) HOPKINS  
 3. (b) If veteran, name war..... 3. (c) Social Security No. 492-09-4401A

4. Sex M Color or race W  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife EVA HOPKINS  
 6. (c) Age of husband or wife if alive 60 years  
 7. Birth date of deceased OCTOBER 27 1877  
(Month) (Day) (Year)

8. AGE: 42 Years 0 Months 11 Days If less than one day hr. min.

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

10. Usual occupation ELECTRICIAN

11. Industry or business.....

12. Name CHARLES HOPKINS  
 13. Birthplace UNKNOWN UNKNOWN  
(City, town, or county) (State or foreign country)  
 14. Maiden name FLORA MAY FOSDICK  
 15. Birthplace LA PORTE INDIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Eva Hopkins  
 (b) Address 7053 Bernold Ave

17. (a) BURIAL (b) Date thereof 11-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Bur

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME  
 (b) Address WEBSTER GROVES, MO.

19. (a) NOV 19 1945 J. P. Brudick  
(Date received local Registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 7053 Bernold  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 8th  
 year 1945 hour 6 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from Aug 9  
 1945, to Nov 8, 1945  
 that I last saw h. alive on Nov 8, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis  
 Duration

Due to Carcinoma of Bladder - Primary  
 Due to.....

Other conditions (Include pregnancy within 3 months of death)  
52

Major findings: Of operations.....

Of autopsy Carcinoma Bladder metastasis Liver, Pleura, abdominal lymph nodes  
 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 Elmer E. Linton (M. D. or other) MD  
 Address 1115 Paul Brown Bldg Date signed 10/10/45

**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 \_\_\_\_\_

Licensed Embalmer No. 3288

P. O. Address 340 W. Adams  
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.**