

FILED FEB 8 1946

Primary Registration District No. **3010**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Francis Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)

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. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ORVILLE HAMILTON HOOPS**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married divorced **married**

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

7. Birth date of deceased **Sept 7 - 1925**
(Month) (Day) (Year)

8. AGE: Years **20** Months **3** Days **17** If less than one day hr. _____ min. _____

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

10. Usual occupation **Machinist**

11. Industry or business _____

MOTHER, FATHER { 12. Name **Orville H. Hoops Sr.**
13. Birthplace **Leppa Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Marie Burger**
15. Birthplace **Leppa Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Orville H. Hoops Sr.**

(b) Address **St. Louis Mo.**

17. (a) **Burial** (b) Date thereof **28 Dec 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial Municipal**

18. (a) Signature of funeral director **J. Howell**
(b) Address **Cape Girardeau**

19. (a) **1-7-46** **C.C. Summers**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
year **1945** hour **11** minute **20A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Skull Fracture + Hemorrhage**
Due to **Automobile Collision**

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Dec. 23, 1946**

Where did injury occur? **Highway 25 - Perry Mo.**
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On State Highway 25 - 1/2 mile North
(Specify type of place) (City, town) (County) (State)

While at work? **No** (Specify type of work)
(e) Means of injury **Auto**

23. Signature **Dr. J. J. Johnson** Date signed **12/23/46**
Address **Jackson Mo.**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100087

Death Officer No. 4
File Number 246-1639
Date Filed 2-7-46

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 *E. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Wm. J. Jordan*

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.

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

3. (a) PRINT FULL NAME Orville H. Hoops
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 m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
live _____

7. Birth date of deceased Sept 12 1908
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____

that I last saw him _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Spinal fracture & Hemorrhage

Due to Auto Colliding here on 1935 Ford 4 1940 Buick Chevrolet

Due to Coach Ford Motor Co. driven by decedent on Interstate Highway

Other conditions Highway 25000000
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 1700-8

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) Accident

(b) Date of occurrence Dec. 23, 1945

(c) Where did injury occur? Brewer Perry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On state highway no. 25 1/2 miles north of Brewer Mo.

While at work? No (Specify type of place) (e) Means of injury Auto

23. Signature Dr. J. G. Sigmond

Address Jackson Mo. Date signed 2/13/46

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

100087

SUPPLEMENTARY

2354