

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

STATE BOARD OF HEALTH OF MISSOURI  
**FILED** MAR 7 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **6212**

Registration District No. **162**

Primary Registration District No. **5595**

Registrar's No. **17**

**1. PLACE OF DEATH:**

(a) County **JEFFERSON**  
 (b) City or town **RURAL - ROCK TOWNSHIP**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**NEAR MAXVILLE Mo. 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **LIFETIME**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **JEFFERSON 50**  
 (c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **NEAR MAXVILLE Mo.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOHN HOPMEIR SR.**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **NONE**

4. Sex **M.O** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **CAROLINE HOPMEIR** 6. (c) Age of husband or wife if alive **70** years  
 7. Birth date of deceased **JAN. 28, 1875**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **-** Days **26** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **FARMER**

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

MOTHER FATHER { 12. Name **JACOB HOPMEIR**  
 13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **MAGDALENA DANSENFEND**  
 15. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS CAROLINE HOPMEIR**

(b) Address **R.R. #1 KIMMSWICK Mo**

17. (a) **BURIAL** (b) Date thereof **JAN. 27, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **IMMACULATE CONCEPTION Cem**

18. (a) Signature of funeral director **HEILIGTAG FUNERAL Home**

(b) Address **KIMMSWICK Mo.**

19. (a) **2-27-46** (b) **Phil J. Kirk,**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **2** day **24**  
 year **1946** hour **6** minute **13** M.  
 21. I hereby certify that I attended the deceased from **Jan 13**  
 19**46**, to **Feb 24, 1946**  
 that I last saw him alive on **2/24/46**, 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chc. Myocarditis**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Arteriosclerosis**  
(Include pregnancy with date of delivery)

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

Of autopsy **930**

**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? **Yes** (Specify type of place) \_\_\_\_\_  
 (e) Means of injury \_\_\_\_\_

23. Signature **W. Reich, M.D.** (M. D. or other) \_\_\_\_\_

Address **Kimmswick, Mo.** Date signed **2/25/46**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

3-6-18

APR 18 1918

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.....

Arthur W. Hilgton  
3872

Licensed Embalmer No.....

P. O. Address.....

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.