

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42515  
State File No. 10646  
Registrar's No.

WHILE FILING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

FILED DEC 23 1946

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Barnes Hospital A  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 5 days  
(Specify whether  
 In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5630 Pershing  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Annie Clarke Hopgood

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife James Hopgood, Dec. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 6 1890  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>66</u> | <u>8</u> | <u>3</u> | _____ hr. _____ min. |

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

10. Usual occupation Ret. Postal Clerk

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Frank Clarke Hopgood

(b) Address 5630 Pershing

17. (a) burial (b) Date thereof 12-13-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director Alexander Boris

(b) Address 6175 Delmar

19. (a) DEC 12 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9  
 year 1946 hour 9: minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema, Fracture of right femur; when she fell at Barnes Hospital on Dec. 5, 1946 about 3:30 PM.

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

Other conditions 1946-7  
(Include progression within 5 months of death)

Major findings: 3/0  
 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. 5, 1946  
 (c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place

While at work? No (Specify type of place) See above  
 Means of injury \_\_\_\_\_

23. Signature [Signature] (Specify for other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed 12/1/46

**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 *Geo. E. McCulloch*  
Licensed Embalmer No. *2467*  
P. O. Address *6145 Delmar*

**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.**