S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 26 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 25656
Registrar's No. 6743

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: City Sanitarium 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 10 ds. (Specify whether years, months or days)
In this community 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1107 N. 12th St. (If rural, give location) 9
25
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NEVADA HOOPER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 4 (Day) 1858 (Year)

8. AGE: Years 89 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country) 1
10. Usual occupation nil
11. Industry or business

FATHER
12. Name not known
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name not known KENTUCKY
15. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-47 (Month) (Day) (Year)
Hiram Lee 7-12-47
(c) Place: burial or cremation Mitchell Cem. Home
18. (a) Signature of funeral director W. Tedder
Wabash Funeral Home
(b) Address 3500 Kingshighway
19. (a) JUL 18 1947 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 1 year 1947 hour 1.45 minute A. M.
21. I hereby certify that I attended the deceased from April 21 47, 19..., to July 1 47, 1947; that I last saw her alive on July 1 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Hypertensive Heart Disease	4/21/47x
Due to Generalized Arteriosclerosis	4/21/47x.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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 0
23. Signature Jack Kidd (M. D. or other)
Address 5400 Arsenal St. Date signed 7/1/47

Jefferson City Printing Co. (Licensed Embalmer) (Registered Nurse) JUL 18 1947
Reclaimed from Endowment

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. .....

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.