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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15931

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole 26
(c) City or town Jefferson City Mo 5
(If outside city or town limits, write "RURAL")
(d) Street No. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SIMON I HOPEN

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex M O
5. Color or race N
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan. (Month) 11 (Day) 1866 (Year)

8. AGE: Years 82 Months 3 Days 24 If less than one day hr. min.

9. Birthplace St. Thomas Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name John Hopen
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Louise Lamby
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Alfred Hopen
(b) Address Augusta Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Catholic Cemetery Augusta Mo.
18. (a) Signature of funeral director M. Muschant
(b) Address Wentzville Mo
19. (a) 5-7-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1948 hour 9 minute 15 a M.
21. I hereby certify that I attended the deceased from April 15, 1948, to May 5, 1948
that I last saw him alive on May 5, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	2 yrs
Due to: Hypertension	
Due to:	
Other conditions: Inguinal Hernia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

9220

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G C Johnson (M. D. or other) M O
Address Marthasville Mo Date signed 5/5/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number MAY 17 1948
Date Filed

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 Harvard Kessler Registered Apprentice No. 201, working under my personal supervision.

Signed Morris Murschany

Licensed Embalmer No. 2461

P. O. Address Westmoreville

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.