No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17665

FILED JUN 12 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5095

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: 1125a Aubert Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

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. 1125a Aubert Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Edward G. Hopson
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male 2 — 5. Color or race Negro — 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eva Hopson — 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June (Month) 7 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	24	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Ass't. Cashier
11. Industry or business U.S. Custom Office
FATHER 12. Name Henry Hopson
13. Birthplace Unavailable, Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah Unknown
15. Birthplace Jefferson City, Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Eva Hopson
(b) Address 1125a Aubert Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) JUN 3 1948 (Date received by registrar) (b) J. R. Brocock (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 1 year 1948 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 2nd, 1948, to June 1st, 1948 that I last saw him alive on June 1st, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Uremia	Undet.
Due to	
Due to	
Other conditions Cardio-renal Disease (Include pregnancy within 3 months of death)	Undet.

Major findings:
Of operations
Of autopsy None

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
23. Signature H. E. Fletcher (M. D. or other) M.D.
Address 219a N. Jefferson Ave. Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 John K. Cunningham Registered Apprentice No. ....., working under my personal supervision.

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.