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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34270

FILED OCT 30 1948

State File No. _____
Registrar's No. 9089

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2837 Wisconsin Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years (Specify whether
In this community 7 years years, months or days)

3. (a) PRINT FULL NAME HENRY H. HOPPER

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

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

6. (b) Name of husband or wife Iva 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 29 - 1888 (Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant Albert H. Zimmerman

(b) Address 2051 Park Avenue

17. (a) burial (b) Date thereof 10-19-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Cemetery A.W. McLaughlin

18. (a) Signature of funeral director J. B. Lassiter 2301 Lafayette Avenue

(b) Address
19. (a) OCT 20 1948 (b) J. B. Lassiter (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County one
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2837 Wisconsin Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No).
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1948 hour about 6.00 minute P. M.

21. I hereby certify that I attended the deceased from April 1948, 19 to October 13, 1948, and that death occurred on the date and hour stated above.

that I last saw him alive on Oct 13, 1948
Immediate cause of death Acute dilatation

Due to Aortic stenosis

Due to arteriosclerosis

Other conditions edema

Major findings: Of operations

Of autopsy

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? (Specify type of place) (e) Means of injury 3

23. Signature Dr. Ralph A. Powell (M. D. or other) DL
Address 3117 Lafayette Date signed 10-27-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3830 W. H. L.

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..... *A. H. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 Lafayette*

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.