

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35238

State File No. 9198

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>11-4027 Enright Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Homer G Phillips Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jessie</b> b. (Middle) c. (Last) <b>Hople</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 24 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>May 2, 1916</b>
9. AGE (in years last birthday) <b>33</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>22</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
13a. FATHER'S NAME <b>Albert Hople</b>		13b. MOTHER'S MAIDEN NAME <b>Daisy Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Separated</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Opal Reed</b> ADDRESS <b>4027 Enright Ave</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>None</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>12</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>002X</b>

22. I hereby certify that I attended the deceased from **8-19-**, 1949, to **10-24**, 1949, that I last saw the deceased alive on **10-24**, 1949, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Edward B Williams M.D.</b>	23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>10-25-49</b>
24a. BURIAL, CREMATION-REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/28/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyd Funeral Home</b> ADDRESS <b>3707 Finley</b>	

DATE REC'D BY LOCAL REG. <b>OCT 26 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Parater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Boyd Funeral Home</b> ADDRESS <b>3707 Finley</b>
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OCT 26 1949 (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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Edward A Flynn* .....

Licensed Embalmer No. *4444* .....

P. O. Address *4548<sup>1/2</sup> Page* .....

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.