

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38842

State File No.

FILED DEC 6 1949

BIRTH NO. 75805-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10326

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>3 hrs. 10</u>		d. STREET ADDRESS (If rural, give location) <u>17-4042 Cotebrillante</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) c. (Last) <u>Hopkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-10-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>//</u>	8. DATE OF BIRTH <u>11-10-49</u>
9. AGE (In years last birthday) <u>3</u> <u>10</u> <u>10</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>D</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Chester Hopkins</u>	13b. MOTHER'S MAIDEN NAME <u>Dorothy Bell</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur M. Sherrill, R.R. 2601 N. Whittier</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b); and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b)		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>139</u>
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? <u>776X</u>

22. I hereby certify that I attended the deceased from 11-10-, 1949, to 11-10-, 1949, that I last saw the deceased alive on 11-10-, 1949, and that death occurred at 6:20a m., from the causes and on the date stated above.

23a. SIGNATURE <u>William M. D.</u>	(Degree or title)	23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>11-16-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>NOV 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>NOV 30 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sander</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	ADDRESS <u>1103 Manchester Ave. ST. LOUIS 10, Mo.</u>
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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.....

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.