

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21632
5184

State File No. _____
Registrar's No. _____

BIRTH NO. 37057-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>3649 W. Tesson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Memorial Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u>		b. (Middle) <u>Infant</u>	
c. (Last) <u>Hoppe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 12 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>6-11-50</u>
9. AGE (In years last birthday)	10. MONTH	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	
13a. FATHER'S NAME <u>Leonard Carl Hoppe</u>		13b. MOTHER'S MAIDEN NAME <u>Laverne Margaret Ferbet</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Laverne Hoppe</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <u>3649 W. Tesson City</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis &</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Cerebral hemorrhage</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>762.0</u>	
22. I hereby certify that I attended the deceased from <u>June 11, 1950</u> , to <u>June 12, 1950</u> , that I last saw the deceased alive on <u>June 12, 1950</u> , and that death occurred at <u>8:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>N. Kappesser, MD</u>		23b. ADDRESS <u>3284 Ivanhoe</u>	
23c. DATE SIGNED <u>6-12-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>6-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mehlville, Lemay 23, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Undtk. Co.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>	
ADDRESS <u>7420 Michigan Ave.</u>		ADDRESS	

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 _____

Ronald Yalinski

Licensed Embalmer No. _____

3917

P. O. Address _____

St. Louis

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.