

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 31712
7855

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 7855
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL		d. STREET ADDRESS (If rural, give location) 4048 Fairfax Ave		
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Hopkins c. (Last) Hopkins		4. DATE OF DEATH (Month) (Day) (Year) 9-13-1950		
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 6-23-1912	9. AGE (In years last birthday) 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS		10b. KIND OF BUSINESS OR INDUSTRY TAYERAN		11. BIRTHPLACE (State or foreign country) ST. LOUIS
12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME HARRY HOPKINS		13b. MOTHER'S MAIDEN NAME MATTIE ISBY		14. NAME OF HUSBAND OR WIFE L
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 MATTIE HOPKINS ADDRESS 2948 LUCAS
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Carcinomatosis ANTECEDENT CAUSES 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 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? 170X
22. I hereby certify that I attended the deceased from <u>Aug 15 1950</u> to <u>Sept 13 1950</u> that I last saw the deceased alive on <u>Sept 13 1950</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE L.B. Howes M.D.		23b. ADDRESS 2902 Cicade		23c. DATE SIGNED 9-15-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-18-50	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.	24d. LOCATION (City, town, or county) (State) 6506 ST. LOUIS AVE MO.
DATE REC'D BY LOCAL REG. SEP 16 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE A.E. WALTON ADDRESS 2707 STODDARD ST

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

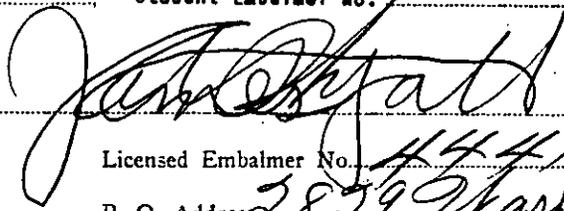
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 441

P. O. Address 2829 Washington

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.