

FILED FEB 16 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 62273  
1149

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		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 OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3117 No. Newstead Ave.,</b>				f. STREET ADDRESS (If rural, give location) <b>3117 No. Newstead Ave.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b>		b. (Middle) <b>Reiley</b>		c. (Last) <b>Hopson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 4, 1951</b>	
5. SEX <b>Male, 0</b>		6. COLOR OR RACE <b>White,</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced, 3</b>		8. DATE OF BIRTH <b>March 30, 1867</b>	
9. AGE (In years last birthday) <b>83</b>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 5 Yrs.</b>		11. BIRTHPLACE (State or foreign country) <b>DeSoto, Missouri, 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Hopson,</b>		13b. MOTHER'S MAIDEN NAME <b>Roda Reneau,</b>		14. NAME OF HUSBAND OR WIFE _____			
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 ADDRESS <b>Frank A. Hopson, 4433 Alaska 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Insufficiency</b>				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Auricular Fibrillation</b>				<b>24 hrs.</b>	
		DUE TO (c) <b>Arteriosclerosis</b>				<b>?</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Haemorrhage</b>				<b>24 hrs.</b>	
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) _____			
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>331X</b>			
22. I hereby certify that I attended the deceased from <b>Dec. 10, 1950, to Feb. 4, 1951</b> , that I last saw the deceased alive on <b>Feb. 4, 1951</b> , and that death occurred at <b>1:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert M. Lewis M.D.O.</b>				23b. ADDRESS <b>4356 Warne Ave., (7)</b>		23c. DATE SIGNED <b>2-5-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial, (7)</b>		24b. DATE <b>2/7/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>DeSoto, Missouri,</b>	
DATE REC'D BY LOCAL REG. <b>FEB 5 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St.,</b> <b>St. Louis, 18, Mo.</b>			

(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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

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.