

FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24759**
Registrar's No. **6435**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6435	
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259		d. STREET ADDRESS (If rural, give location) 570 9th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS _____		f. STREET ADDRESS _____		g. STREET ADDRESS _____	
3. NAME OF DECEASED (Type or Print) Major		b. (Middle) _____		c. (Last) Hopkins		4. DATE OF DEATH (Month) (Day) (Year) 6 22 51	
5. SEX Male		6. COLOR OF HAIR White		7. MARRIED NEVER MARRIED, WIDOWER DIVORCED (Specify) Single		8. DATE OF BIRTH Oct-18-1890	
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen. Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Gen. Mgr.		11. BIRTHPLACE (State or foreign country) Mo. 9	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Gen. Mgr.		13b. MOTHER'S MAIDEN NAME Gen. Mgr.		14. NAME OF HUSBAND OR WIFE Gen. Mgr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Gen. Mgr.		16. SOCIAL SECURITY NO. Gen. Mgr.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS F. E. Vayler 1300 Clark			
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1. Acute Pneumonia DUE TO (c) 2. Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Gen. Mgr.				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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490X				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.	
23a. SIGNATURE Joseph M. Jernigan		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/10/51		23d. SIGNATURE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE JUL 19 1951		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc.			

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 _____

Students of Mortuary College

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*

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.