

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2091

005

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>16dys</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2129
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4910 West Pine</u>		
3. NAME OF DECEASED (Type or Print) <u>Anne</u>		a. (First) <u>E.</u>	b. (Middle) <u>Hopkins</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 21, 1865</u>	9. AGE (In years last birthday) <u>87yrs</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stonington, Maine</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Eaton</u>		13b. MOTHER'S MAIDEN NAME <u>Tryphosia Raynes</u>		14. NAME OF HUSBAND OR WIFE <u>Geo. E. Hopkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>K.E. Hopkins Forest Park Hotel</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Ovary?</u> DUE TO (c) <u>1561</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>u</u>
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?		
22. I hereby certify that I attended the deceased from <u>June 10, 1952</u> to <u>Aug 5, 1952</u> , that I last saw the deceased alive on <u>Aug 5, 1952</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Karl Kissella M.D.</u> (Degree or title)			23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>8/6/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Upper Alton Cemetery Alton, Ill.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8-6-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander Sons 6115 Delmar</u> ADDRESS	

Dr Kinnella
Saint Marys

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 Geo. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address: 6175 Pilman

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.