No. 300
10.48

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

hole in Rt. ear drum. Still no conclusive proof of cause of tetanus

OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33056

BIRTH NO. 0 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8882

1. PLACE OF DEATH
a. COUNTY ~~ST. LOUIS, MO~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS MO
c. LENGTH OF STAY (in this place) This 20 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CHILDREN'S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. MARY'S 0950
d. STREET ADDRESS (If rural, give location) STAR ROUTE 1

3. NAME OF DECEASED (Type or Print)
a. (First) FRANCIS
b. (Middle) WILLIAM
c. (Last) HOTOP

4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 52

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0
8. DATE OF BIRTH 9-26-50
9. AGE (In years last birthday) 1 1 — IF UNDER 1 YEAR Months 11 Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ST. MARY'S, MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME BEN WILLIAM HOTOP
13b. MOTHER'S MAIDEN NAME JEANETTE KRELICH
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME J. EGAN ADDRESS 500 So KINGS HIGHWAY

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) tetanus — INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 061 X

22. *I hereby certify that I attended the deceased from* 9-21-52, 19__, *to* 9-21-, 1952, *that I last saw the deceased alive on* 9-21, 1952, *and that death occurred at* 10:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John C. Herwig M.D. (Degree or title)
23b. ADDRESS St. Louis Childrens
23c. DATE SIGNED 9-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 9/23/52
24c. NAME OF CEMETERY OR CREMATORY St. Marys
24d. LOCATION (City, town, or county) (State) St. Marys, Mo.

DATE REC'D BY LOCAL REG. SEP 23 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Geo W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.