

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43507  
11002

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 931 S. 11th Street				
3. NAME OF DECEASED (Type or Print) Wade			a. (First)		b. (Middle)		c. (Last) Hopkins	
4. DATE OF DEATH		(Month) (Day) (Year)		Nov 26 1952				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 21, 1901		
9. AGE (In years last birthday) 50		If under 1 year: Months Days		If under 2 hrs: Hours Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY Monsanto Chem. Co.			11. BIRTHPLACE (State or foreign country) Hardemon County, Tenn.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Hopkins		13b. MOTHER'S MAIDEN NAME Elsie Overton		14. NAME OF HUSBAND OR WIFE Lucy Hopkins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 348-05-009		17. INFORMANT'S SIGNATURE OR NAME Lucy Hopkins				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastrointestinal Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 4 weeks		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Duodenal Ulcer						
		DUE TO (c) Hepatitis						
19a. DATE OF OPERATION 11/25/52		19b. MAJOR FINDINGS OF OPERATION Duodenal Ulcer				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)		5410		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10/27/52, 1952, to 4/26, 1952, that I last saw the deceased alive on 11/26, 1952, and that death occurred at 6:20 AM, from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Chas. R. Frazier, M.D.				23b. ADDRESS 1419 Kansas		23c. DATE SIGNED 11/26/52		
24a. BURIAL, CREMATION, REMOVAL		24b. DATE 28 Nov 52		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois		
DATE REC'D BY LOCAL REG. NOV 29 1952		REGISTRAR'S SIGNATURE Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Officer, 214 Missouri Ave, St. Louis, Ill.				

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

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St Louis Ill

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.