

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19497

FILED JUN 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No.

Registrar's No. 5123

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. CITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>7071 MITCHELL AVE</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>HELENA</u>	b. (Middle) <u>JOSEPHINE</u>	c. (Last) <u>HOOPER</u>
4. DATE OF DEATH	(Month) (Day) (Year) <u>MAY 20 1953</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>OCT 12 1879</u>
9. AGE (In years last birthday) <u>73</u>		10. AGE (In years last birthday) <u>73</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>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>BELLEVOILLE ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACOB STAHLKE</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA MORRIS</u>	
14. NAME OF HUSBAND OR WIFE <u>ROBERT HOOPER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. PHILLIP SERIS</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>506 OAK ST. W.G.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>	
ANTECEDENT CAUSES Morbidity 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 <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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>4201</u>	
22. I hereby certify that I attended the deceased from <u>July 10, 1952</u> , to <u>May 20, 1953</u> , that I last saw the deceased alive on <u>March 16, 1953</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James B. Jones M.D.</u>		23b. ADDRESS <u>337 W. Lockwood Webster Groves 19. Mo.</u>	
23c. DATE SIGNED <u>May 21, 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>5-23-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAFAYETTE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MITTELBERG FUNERAL HOME, INC</u>
DATE REC'D BY LOCAL REG. <u>MAY 22 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>73 W. LOCKWOOD AVE</u>	

(Licensed Embalmer's Statement on Reverse Side)

WEB. GRO. MO.

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.....

John S. Denme
Licensed Embalmer No. *4194*
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.