

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35492**
Registrar's No. **9220**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 8738 PARTRIDGE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) E c. (Last) HOPKINS		4. DATE OF DEATH (Month) (Day) (Year) 10-9-54	
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 11-14-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY RETIRED.	9. AGE (In years last birthday) (Months) (Days) 72
11. BIRTHPLACE (City and State or Foreign Country) ST Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME John Hopkins	13b. MOTHER'S MAIDEN NAME Anna Crowley	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 date of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME H. MARIE WITTE ADDRESS 8738 PARTRIDGE

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. Rheumatoid arthritis		

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? 4200

22. I hereby certify that I attended the deceased from **Oct 22, 1954** to **Oct 9, 1954**, that I last saw the deceased alive on **Oct 9, 1954**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Bergman M.D.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 10/11/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-12-54	24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE
DATE REC'D BY LOCAL REG. OCT 11 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	24d. LOCATION (City, town, or county) (State) ST. Louis Mo
25. FUNERAL DIRECTOR'S SIGNATURE W. A. Krowl & Co. ADDRESS 2707 N. Grand.		

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

REC 14 1954

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.....
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *336*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.