

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10891  
State File No. .... 2234  
Registrar's No. ....

FILED MAR 22 1956

318

PRIMARY REG. DIST. NO.

1003

BIRTH NO.

REG. DIST. NO.

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 Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN st. Louis		c. CITY OR TOWN venice	
d. FULL NAME OF HOSPITAL OR INSTITUTION peoples Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) PERRY		b. (Middle) c. (Last) HOPLE	
4. DATE OF DEATH Feb 29, 1956		5. SEX Male	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Oct 15, 1868		9. AGE (In years) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charlie Hople		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE *****		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME pink Hople-418 Leholt, so. kinlock, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia  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 490 x	
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) (Min.)		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 Feb. 22, 1956, to Feb 29, 1956, that I last saw the deceased alive on Feb. 29, 1956, and that death occurred at 9 A.M., from the causes and on the date stated above.	
23a. SIGNATURE Charles Williams M.D.		23b. ADDRESS 501 Madison Ave., Ill.	
23c. DATE SIGNED 3/2/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/2/56		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Marshall funeral Home-E. St. Louis, Ill.	
DATE REC'D BY LOCAL REG. MAR 2 1956		REGISTRAR'S SIGNATURE C. Williams M.D. (Licensed Embalmer's Statement on Reverse Side)	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Thomas M. Roberts*.....

Licensed Embalmer No..... 447

P. O. Address 2205 Missouri  
E. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.