

No. 300
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FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39486**
Registrar's No. **10244**

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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Louis		c. CITY OR TOWN St. Louis County	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) # Crickett Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bernard Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Charlotte	b. (Middle) Rose	c. (Last) Hopton	4. DATE OF DEATH (Month) (Day) (Year) Nov 8th 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed	8. DATE OF BIRTH Oct 12, 1882	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs.: Days) (Hours) (Min.) 74
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Will Wimer	13b. MOTHER'S MAIDEN NAME Marie James	14. NAME OF HUSBAND OR WIFE Charles M. Hopton
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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. none	17. INFORMANT'S SIGNATURE OR NAME J.N. Hopton	ADDRESS 1348 McCutcheon
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia from aspiration		8 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Partial Intestinal obstruction		14 days
DUE TO (c) Cerebral vascular accident		4 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular accident Rheumatic valvular disease		many years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION fibrillation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4-13-56**, 1956, to **11-8-56**, 1956, that I last saw the deceased alive on **11-8**, 1956, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Margaret Chieffi M.D.	23b. ADDRESS Beaumont Med. Bldg. Beaumont Med. Bldg. St. Louis	23c. DATE SIGNED NOV 9 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 11-10-56	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. NOV 9 1956	REGISTRAR'S SIGNATURE Paul Mat MO	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton	ADDRESS And Sons 7233 Delmar Blvd
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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 *Arnold W. Schoene*.....

Licensed Embalmer No. *386*

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.