

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18831
State File No. _____
Registrar's No. 4631

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. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 807 WRIGHT ST.
e. STREET ADDRESS (If rural, give location) 807 WRIGHT ST.

3. NAME OF DECEASED (Type or Print)
a. (First) ALBERT b. (Middle) J. c. (Last) HOPPE
4. DATE OF DEATH (Month) (Day) (Year) MAY 14, 1957

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH AUGUST 22, 1885 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY MILL WORK
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY HOPPE
13b. MOTHER'S MAIDEN NAME ELIZABETH (UNKNOWN)
14. NAME OF HUSBAND OR WIFE ELSIE HARLING HOPPE

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. 493-07-3207
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELSIE HOPPE, 807 WRIGHT ST.

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, asthenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostatic carcinoma
Prostatic carcinoma
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. 177x
INTERVAL BETWEEN ONSET AND DEATH 8 years

19a. DATE OF OPERATION 12-3-1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate
Carinoma of Prostate
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 2nd 1936, to May 14, 1957, that I last saw the deceased alive on May 8th, 1957, and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE Edwin J. Froelich (Degree or title) M.D.
23b. ADDRESS 3635 a N. NEWSTEAD
23c. DATE SIGNED 5/14/57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE MAY 18, 1957
24c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEMETERY
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.

DATE REC'D BY LOCAL REG. MAY 16 57
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. 1936 ST. LOUIS AVE.

(Licensed Embalmer's Statement on Reverse Side)

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

1-3 PM

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 Delis J. Krupar

Licensed Embalmer No. 349

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.