

Health & Welfare
Public Health Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural cause.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1957

27029

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1574

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy Village		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Valley Park 4000		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic-lwk. Hosp.			Length of stay in 1b		d. STREET ADDRESS Box 182 (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First MIDDLE Last RUFUS H. HOPPER				4. DATE OF DEATH Month Day Year June 18 1957								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 13, 1898		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist-Wagner			10b. KIND OF BUSINESS OR INDUSTRY Electric Co.		11. BIRTHPLACE (City and state or country) Benton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Charles Hopper				14. MOTHER'S MAIDEN NAME Effie Unknown								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 389-07-2155		17. INFORMANT Grace Hopper-Box 182-Valley Park Mo.			Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Capillary Hemorrhage DUE TO (c) Thrombocytopenia 296x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). Acute Lymphoblastic Leukemia							INTERVAL BETWEEN ONSET AND DEATH					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/10/57 to 6/18/57 and last saw her alive on 6/18/57 Death occurred at 3:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) W. D. Gardner M.D.				22b. ADDRESS 2917 Clifton Rd.				22c. DATE SIGNED 6/20/57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 21, 1957		23c. NAME OF CEMETERY OR CREMATORY Laurel Hills Cem.		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.						
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway				25. DATE RECD. BY LOCAL REG. 6-20-57		26. REGISTRAR'S SIGNATURE Herbert B. Dombek M.D.						

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 *William R. White*

Licensed Embalmer No. *42*

P. O. Address *228 St. Louis*

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