Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-003724

ENTERED JAN 12 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN Clayton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis County Hosp — Length of stay in 1b 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN Kinloch 40 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 1016 Courtney (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Ivy Middle: Last: Hopper

4. DATE OF DEATH Month: Jan Day: 1 Year: 1959

5. SEX Male 2

6. COLOR OR RACE Col

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 25 Dec 1905

9. AGE (In years last birthday) 53 — 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) Cook

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and state or country) Jackson, Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Hopper

13b. MOTHER'S MAIDEN NAME Mattie (Un Known)

14. NAME OF HUSBAND OR WIFE Mayo Hopper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk.

17. INFORMANT M. Hopper Address Kinloch, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 12/30/58
DUE TO (c) — 1/1/59
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Uremia due to arteriolarnephrosclerosis. 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-30-58, to 1-1-59 and last saw ~~her~~ him alive on 1-1-59
Death occurred at 11:50 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Angelo A. Speno M.D.

22b. ADDRESS 601 S. Brentwood, Clayton, Mo

22c. DATE SIGNED 1/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8 Jan 58

23c. NAME OF CEMETERY OR CREMATORY Washington Park

23d. LOCATION (City, town, or county) (State) Berkeley Mo

24. FUNERAL DIRECTOR Boyd Bros **ADDRESS** Kinloch, Mo

25. DATE RECD. BY LOCAL REG. 1-3-59

26. REGISTRAR'S SIGNATURE Herbert R. Blanke, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part 1 must be causally related.

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 Henry Wellman

Licensed Embalmer No. A781

P. O. Address St Louis Mo

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.