URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 15 1960

-60-024613

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6502

NDED

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 1 Year

c. CITY OR TOWN St. Louis — Inside Limits Yes # No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis Chronic Hosp. — Inside Limits Yes # No ☐

d. STREET ADDRESS (If outside, give location) 2917 Abner Pl. — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Martha Middle Last Hopkins

4. DATE OF DEATH Month June Day 24, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed # Divorced ☐

8. DATE OF BIRTH 8)30)1872

9. AGE (last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At. Home

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Belleville Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Samuel Marsh

13b. MOTHER'S MAIDEN NAME Katherine Streck

14. NAME OF HUSBAND OR WIFE The Late Frederick Hopkins

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Rita Autry 3424 Belt Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Fracture of right hip; Generalized

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arteriosclerosis; suffered in fall

DUE TO (c) at State Hospital, May 27, 1960 Accident

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 904.7 45

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.) Fall in hospital

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5/27/60

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.) 13 hospital

20f. CITY, TOWN, OR LOCATION St. Louis — COUNTY — STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 2:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M. Lucas Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 6-27-60

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

23b. DATE 6)28)1960

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

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

24. FUNERAL DIRECTOR ADDRESS Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG. JUN 27 1960

26. REGISTRAR'S SIGNATURE Karl Smith. M.D.

MJB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Sheldon Colle

Signature of Student Embalmer

Licensed Embalmer No. 338

P. O. Address St. Am

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