RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029006

FILED VS JUL 22 1960

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2086 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves 19 — Length of stay in 1b: 20 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 303 Euclid Ave — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN Webster Groves 19 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 303 Euclid Ave — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: William Middle: Mosby Last: Hopkins
4. DATE OF DEATH Month: 7 Day: 11 Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-6-1885
9. AGE (last birthday): 74-10-5 — 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): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country):
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Milton B Hopkins
13b. MOTHER'S MAIDEN NAME: Armine Miller
14. NAME OF HUSBAND OR WIFE: Marie Muskopf Hopkins
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.: 493-10-8792
17. INFORMANT: Marie Hopkins — Address: 303 Euclid Ave 19

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): Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension
~~DUE TO (c)~~: Also had Diabetes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.) None
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: None
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 _____, to 7/11/60. and last saw her/him alive on —
Death occurred at 2 P.M. 7/11/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank P. Garrett M.D.
22b. ADDRESS: 13 A N. Fore Webster Groves Mo
22c. DATE SIGNED: 7/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-13
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): St Louis Co Mo

24. FUNERAL DIRECTOR: Mittelberg — ADDRESS: Webster Groves Mo
25. DATE RECD. BY LOCAL REG.: 7-12-60
26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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_____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 7495

P. O. Address St. Louis

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.