

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

D MAR 28 1961

2469-61-011003
STATE FILE NUMBER

AMENDED

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

| | | | | | |
|---|---|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b <u>Life</u> | c. CITY OR TOWN <u>St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1138 Bayard Ave</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Flora</u> Last <u>Hopkins</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>13</u> Year <u>1961</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4/19/1906</u> | 9. AGE (last birthday) <u>54</u> | 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) <u>Saleswoman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ann Noonan Realtor</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Reginald M. Hopkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Weis</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u> | | | 7. INFORMANT Address <u>Mrs Julia Hopkins 1138 Bayard Ave</u> | | |
| 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) <u>Carcinomatous abdomen</u> | | | | | <u>Feb 13</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of ovary</u> | | | | | <u>Oct 8 1959</u> |
| DUE TO (c) <u>153.0</u> | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bowel obstructions force Ca</u> | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 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.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year | | | | | |
| 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 <u>Oct 7 1959</u> to <u>Mar. 13-61</u> and last saw her him alive on <u>Mar 13-61</u> Death occurred at <u>12 Noon</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Theresa J. ... M.D.</u> (Degree or title) | | | 22b. ADDRESS <u>950 Francis Pl</u> | | 22c. DATE SIGNED <u>2/14/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/15/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u> | 23d. LOCATION (City, town, or county) <u>St. Louis Co, Missouri</u> | | (State) |
| 24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons 6175 Delmar Blvd</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAR 14 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Leon Smith, M.D., R.P.</u> | | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Dr. Henry P. Thym
950 Francis Place
Pa. 6-2828
2 to 3 P.M.

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

J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address

March 13, 1940

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.