

No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 6 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16062

Registration District No. 784 Primary Registration District No. 107 Registrar's No. 860

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ladue
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 600-5-Warson Road 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)
 In this community 3 years
 3. (a) PRINT FULL NAME Mollie Hoepke 120
 3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
 4. Sex 7 Color or race W 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 28 1864
 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 3 If less than one day _____ yr. _____ min.
 9. Birthplace St. Louis Mo. 0
 (City, town, or county) (State or foreign country)
 10. Usual occupation House work

11. Industry or business _____
 MOTHER FATHER { 12. Name Ernst Hoepke 6
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Ernest Bruckmann
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Anna Ferguson
 (b) Address 600-5-Warson Rd.
 17. (a) Burial (b) Date thereof 5-3-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peter's Cem.
 18. (a) Signature of funeral director Ernst Hoepke
 (b) Address 2504 Woodson Overland Mo.
 19. (a) MAY - 2 1940 (b) R. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Ladue
 (If outside city or town limits, write "RURAL")
 (d) Street No. 600-5-Warson Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 1
 year 1940 hour 8 minute 30a. M.
 21. I hereby certify that I attended the deceased from 8/9/39 19 _____ to 5/1 1940
 that I last saw her alive on 5/1 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Hypertensive heart disease</u>	<u>9mo.</u>
Due to <u>Hypertension</u>	<u>9mo.</u>
Due to <u>Ch. nephritis (interstitial)</u>	<u>9mo.</u>
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations <u>131</u>	
Of autopsy _____	

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) NO
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place) (e) Means of injury _____
 While at work? _____
 23. Signature J. D. Seeshle (M. D. or other) _____
 Address 29 Central - Clayton Date signed 5/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

76
15
0

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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 this body is not embalmed, above space should be left blank.