

No. 300  
10. 38

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 28117  
Registrar's No. 7444

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <i>St Louis Mo.</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i> 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Louis G. Phipps Hosp</i>			d. STREET ADDRESS (If rural, give location) <i>4406 St Ferdinand Ave.</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>NANNIE HOPSON</i> b. (Middle) _____ c. (Last) <i>CARR</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 16, 1951</i>		
5. SEX <i>Female</i> 3	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 27, 1912</i>		9. AGE (In years, last birthday) Months Days Hours Min. <i>38</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <i>Maid</i>	11. BIRTHPLACE (State or foreign country) <i>St Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>Yes</i>
13a. FATHER'S NAME <i>Quincy Hopson</i>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <i>Dead</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Hazel Hopson</i> ADDRESS <i>4406 St Ferdinand</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Cerebral Apoplexy</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis MO</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Paul J. Smith</i> (Type or Print)			23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8/20/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8/27/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Missouri</i>		
DATE REC'D BY LOCAL REG. <i>AUG 21 1951</i>		REGISTRAR'S SIGNATURE <i>J. Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>HERMAN J. Smith</i> ADDRESS <i>4297 W. Babaker</i>	

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

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 .....  
Student Embalmer

Signed

*Laurence E. Emadian*

Licensed Embalmer No. *4341*

P. O. Address *St. Louis*

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, fact should be so stated above.