THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023009

STATE FILE NUMBER

FILED JUL 3 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 5669

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo. Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Alexian Bros. Hosp. Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Sappington Acres Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 10532 Wisteria 4000 Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Herbert Middle: P. Last: Hoppe

4. DATE OF DEATH: Month June Day 12 Year 1959

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 20, 1898
9. AGE (In years last birthday): 60 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman Collison
10b. KIND OF BUSINESS OR INDUSTRY: Co.
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Gustav O. Hoppe
13b. MOTHER'S MAIDEN NAME: Pauline Tanner
14. NAME OF HUSBAND OR WIFE: Gertrude Hoppe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT: Sappington Acres, Mo. Gertrude Hoppe 10532 Wisteria Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH
Bilateral hydronephrosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): metastasis
DUE TO (c): Carcinoma of bladder & prostate
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 199.2

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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 Jan 12-1950 to June 11-59 and last saw her/him alive on June 11-59
Death occurred at 430 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Stephen M. Tapper MD (Degree or title)
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: June 12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 6-15-59
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): Sappington, Mo.

24. FUNERAL DIRECTOR: Southern Funeral Home ADDRESS: 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: JUN 15 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. M.J.B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Ver Tapper
3720 Washington
Now - Lee 2 PM

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.