

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

✓ 33829
File No. _____
Registered No. **9129**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **343**
City **St. Louis Mo.** (No. **5207, Murdock Ave**)

2. FULL NAME *Bernard Pope*

(a) Residence, No. **5207 Murdock Ave St.** **14** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 18 - 1861</i>				
7. AGE	YEARS <i>71</i>	MONTHS <i>1</i>	DAYS <i>25</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Tinner</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>				
FATHER	13. NAME <i>John Pope</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
MOTHER	15. MAIDEN NAME <i>Not known</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT <i>Eleanor M. North</i> (ADDRESS) <i>5207 Murdock Ave</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Johns North</i> DATE <i>Oct. 15</i> 19 <i>32</i>				
19. UNDERTAKER <i>H. J. Leidner, Und. Co.</i> (ADDRESS) <i>1417 1/2 Market St.</i>				
20. FILED <i>Oct 15 1932</i> <i>Max B. Starckoff</i> Registry				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 13* 19*32*

22. I HEREBY CERTIFY that I attended deceased from *Oct 5* 19*32* to *Oct 13* 19*32*
I last saw him alive on *Oct 12* 19*32* Death is said to have occurred on the date stated above, at *12:20* A.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy cerebral hemorrhage
Chronic Interstitial Nephritis
Date of onset *Oct 5*

Other contributory causes of importance:
Chronic Interstitial Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) *Frederick H. Hultquist*, M. D.
(Address) *1601 1/2 Low Ave*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

5500

J. W. Kaltgrewe

1844-1