

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.

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. 30279  
 Registrar's No. 1564

Registration District No. 984 Primary Registration District No. 200

**1. PLACE OF DEATH:**  
 (a) County St. Louis, (Bonhomme Jn. Ship)  
 (b) City or town Rural, Valley Park, Mo. #1  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Highway #141  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No.  
(Specify whether years, months or days)  
 In this community 71 years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis, #1  
 (c) City or town Rural, (Valley Park, Mo. #1)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Highway #141  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Emma Bopp 100  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war No.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. days 2,  
 year 1939 hour 3 minute 0 A. M.  
**21. I hereby certify that I attended the deceased from** August  
1, 1937, to Sept. 2- 1939.  
 that I last saw her alive on Sept 2- 1939.  
 and that death occurred on the date and hour stated above.

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** widowed  
**6. (b) Name of husband or wife** Nicholas Bopp  
**6. (c) Age of husband or wife if** 12 years  
**7. Birth date of deceased** Mar. 1868  
(Month) (Day) (Year)

Immediate cause of death Myocarditis **Duration** 3 days  
 Due to Chronic 3 arteries  
 Due to \_\_\_\_\_

**8. AGE:** Years 71 Months 5 Days 20  
If less than one day hr. min.

**9. Birthplace** St. Louis Co., Mo.  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** Own home

**12. Name** Michael Bachus,

**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**14. Maiden name** Sizzie Berner,

**15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Theodore Bopp

**(b) Address** Valley Park, Mo.

**17. (a) Burial** Burial **(b) Date thereof** Sept. 4, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Des Peres, Mo. St. Louis

**18. (a) Signature of funeral director** Harry Schiadel

**(b) Address** Ballwin, Mo.

**19. (a) SEP 8 1939** **(b) R. M. M. PH**  
(Date received local registry) (Registrar's signature)

**Other conditions** 9321  
(Include pregnancy within 3 months of death)  
**Major findings:** \_\_\_\_\_  
Of operations  
**Of autopsy** \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_  
**(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  
**23. Signature** F. P. Tubbs (M. D. or other)  
**Address** Valley Park Mo **Date signed** 9-3-39

**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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Galwin, N.

**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.**