

FILED DEC 29 1942

Primary Registration District No. 1003

Registrar's No. 10593

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4919 Itaska
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME Arthur V. Schopp

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-01-2798

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ann Schopp 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August 29 1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business.....

12. Name Charles Schopp
13. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Marie Kreh
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Schopp
(b) Address 4919 Itaska

17. (a) burial (b) Date thereof 12/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John T. Zepherow
(b) Address 7027 Gravois

19. (a) DEC 19 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4919 Itaska
(If rural, give location)
(e) Attending Physician (Yes or No)
(If yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1942 hour 5 minute 45 P.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Ruptured Left Ventricle

Due to of heart

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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).....
(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?

23. Signature Alfred Perry (Specify type of place) (M. D. or other)
While at work?..... (e) Means of injury.....
Address St. Louis Date signed 12/18/42

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

MOTHER FATHER

2051

105
14

4/2

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..... *B. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.