S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40513

Registration District No. 1003 — Primary Registration District No. 1003 — Registrar's No. 11362

No. 2 DEC 29 1943 818

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Louis City Hospital, Max Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 96
(If outside city or town limits, write "RURAL")

(d) Street No. 5743 Theodosia Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Schopp

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife John Schopp.

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 27 (Day) 1860 (Year)

8. AGE: Years 83 ~~84~~ Months 7 Days 19 If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Hugh T. McQuoid
13. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Fannie Arnold
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Wm. G. Wessel
(b) Address 5919 Dressel Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin G. Deutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 19 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16, year 1943 hour 8:35 minute A. M.

21. I hereby certify that I attended the deceased from December 9, 1943, to December 16, 1943; that I last saw her alive on December 16, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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) None

(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)

While at work? (e) Means of injury

23. Signature William I. Park (M. D. or other)

Address 1515 Lafayette Date signed 12/16/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 12 1954

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 John A. Mlinar

Licensed Embalmer No. 4186

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