

FILED JUL 21 1944
 Registration District No. **348**

Primary Registration District No. **1003**

Registrar's No. **6256**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5473 Ruskin Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

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. **5473 Ruskin Ave.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Lena Schopfer**
 (b) If veteran, name war..... (c) Social Security No.....

4. Sex **Female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: **July 23, 1863**
(Month) (Day) (Year)

8. AGE: Years **80** Months **11** Days **20**
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **John Herman Schopfer**

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

14. Maiden name **Caroline Herr**

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

16. (a) Informant **Sophie Schopfer.**
 (b) Address **5473 Ruskin Ave.**

17. (a) **Burial** (b) Date thereof **July 15, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bromschwig Und. Co**
 (b) Address **4746 West Florissant**

19. (a) **JUL 14 1944** **J. T. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **12**
 year **1944** hour **18** minute **50** M.

21. I hereby certify that I attended the deceased from **July 12, 1944** to **July 12, 1944**
 that I last saw him alive on **July 12, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis w/ Interstitial nephritis

Due to.....
 Due to.....
 Other conditions.....
(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?

While at work.....
(Specify type of fire) (e) Means of injury
 23. Signature **J. T. Bredeck** M. D. or other.....
 Address **504 Thebes** Date signed **7-13-44**

Duration ?
 Underline the cause to which death should be charged statistically.

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

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.....

Isy W Wilkinso

Licensed Embalmer No.....

3575

P. O. Address.....

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.