

S. No. 2  
 DM-5-17  
 v. 5-17-57  
 I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 28702  
 Registrar's No. 1858

FILED SEP 9 1944

Registration District No. 317 Primary Registration District No. 3066

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

76  
 4  
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1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Kirkwood  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
415 E. Jefferson 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 Mo (b) County St. Louis  
 (c) City or town Kirkwood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 415 E. Jefferson  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Henry G. Bopp  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept day 4  
 year 1944 hour \_\_\_\_\_ minute 2:10 P.M.  
 21. I hereby certify that I attended the deceased from 6:00 P.M. to Sept 4th  
Sept 4th 1944, to Sept 4th 1944;  
 that I last saw him alive on Sept 4th 12:00 noon 1944;  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Face White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Viola Bopp 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased Nov-10-1891  
 (Month) (Day) (Year)

Immediate cause of death Coronary Occlusion  
 Duration 8 hours

8. AGE: Years 52 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

10. Usual occupation Fareman

11. Industry or business Krey Parking Co

12. Name Henry Bopp

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

14. Maiden name Mary Kessler

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

16. (a) Informant Mrs Viola Bopp

(b) Address 415 E. Jefferson

17. (a) Burial (b) Date thereof 9-7-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spinit Burial Park

18. (a) Signature of funeral director Louis H. Bopp

(b) Address Kirkwood Mo

19. (a) SEP 8 - 1944 (b) E. B. Wakers  
 (Date of death) (Registrar's signature)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 90A

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 place) (e) Means of injury \_\_\_\_\_  
 Signature E. B. Wakers (M. D. or other) \_\_\_\_\_  
 Address Kirkwood, Mo Date signed 9-5-44

SEP 11 1944

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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..... *Felix DuRand* .....

Licensed Embalmer No. *3034* .....

P. O. Address..... *Kirkwood 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.**