

#55022

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10921

FILED MAR 27 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2473

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 C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mo.**
(c) City or town **ST. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **5546 PALM ST.**
Memorial (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

MARY BOPP

(b) If veteran, name war.....

(c) Social Security No. **NONE**

4. Sex **FEMALE** / 5. Color or race **W**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **Philip H. Bopp**
6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **JUNE 30th 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 12 hr. min.

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

10. Usual occupation **Housework**

11. Industry or business.....

MOTHER FATHER
12. Name **PETER LOHRUM**
13. Birthplace **GERMANY** (City, town, or county) (State or foreign country)
14. Maiden name **MARGARET REITH**
15. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

16. (a) Informant **Philip H. Bopp**

(b) Address **5546 PALM**

17. (a) **BURIAL** (b) Date thereof **3-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FRIEDENS CEMETERY**

18. (a) Signature of funeral director **CALVIN F. FRUTZ FUNERAL HOME**

(b) Address **4825 NAT'L BRIDGE BL.**

19. (a) **MAR 14 1946** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **12th**
year **1946** hour **5:45** minute **P** M.

21. I hereby certify that I attended the deceased from **3/7/46**
....., 19....., to **3/12/46**, 19.....
that I last saw him **5 hr** alive on **3/12/46**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary - Lobar**

Due to.....

Due to **108**

Other conditions (Include pregnancy within 3 months of death)
Pneumococcal Meningitis

Major findings: Of operations.....

Of autopsy.....

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).....
(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) Manner of injury
23. Signature **James J. Smith** (Registrar's signature) Address **1515 Lafayette** Date signed **3/13/46**

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

9833

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. Melnar*

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.