No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10001

Registrar's No. 2654

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: Deaconess Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 67 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 102 N. Fillmore Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George J. Bopp
3. (b) If veteran, name war
3. (c) Social Security No. 490-22-9543
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Woodus
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May (Month) 12 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	10	2	hr. min.

9. Birthplace Ballwin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Auto Dealer
11. Industry or business
FATHER
12. Name Henry Bopp
13. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Kessler
15. Birthplace St. Louis County, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Woodus Bopp,
(b) Address 102 N. Fillmore Ave., Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) MAR 17 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 14 year 1948 hour 1 minute 2 A.M.
21. I hereby certify that I attended the deceased from Feb 2, 1948, to March 13, 1948, that I last saw him alive on March 14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	3 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of Stomach	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature D. F. Wirth (M. D. or other) M.D.
Address Kirkwood Mo. Date signed 3/16/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

APR 6 1948

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, 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.