

STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7151

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>4000</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #2 Box 634 Valley Park,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Anthony's Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Marie</u>	b. (Middle) <u>Anna</u>	c. (Last) <u>Schoppe</u>	July	23	1952
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1884</u>	9. AGE (last birthday) <u>68</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Austria</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>					

13a. FATHER'S NAME <u>Thadius Urban</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Greener</u>		14. NAME OF HUSBAND OR WIFE <u>Henry C. Schoppe</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>569-30-4280A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Becker Rt#2 Valley Park</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Generalized Arterio-Sclerosis</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3:30 a</u>	

22. I hereby certify that I attended the deceased from 3/6, 1952, to 7/22, 1952, that I last saw the deceased alive on 7/22, 1952, and that death occurred at 2:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Huck M.D.</u>		23b. ADDRESS <u>Leuton, Mo.</u>		23c. DATE SIGNED <u>7/25/52</u>	
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24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>7-26-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Philomena Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>House Springs Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>JUL 25 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meyer-Pfitzinger Kirkwood 22 Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Can be filed

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *William H. Pettigrew*

Licensed Embalmer No. *4316*

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.

State of Missouri }  
County of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 30013-52  
Local Registrar's No. 7151

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22nd day of August, 1952, before me appears.....  
Charles Becker, who, upon his oath, states that the original record of <sup>YDCMX</sup> death  
for Marie Anna Schoppe <sup>died</sup> July 23, 1952, in the State of  
Missouri, and which was filed at St. Louis, Mo. on July 25, 1952, should be corrected as follows:

Item No. 8 should read October 26, 1884

Instead of October 26, 1883

Item No. 9 should read 67-8-27

Instead of 68-8-27

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Charles Becker son Relationship  
R. P. #2 Box 634 Valley Park Mo. Present Address.

Subscribed and sworn to before me this 22 day of August, 1952

My Commission expires March 19, 1955 William H. Fitzgins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952