

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7185****1693**

|   |                               |  |   |   |   |  |  |
|---|-------------------------------|--|---|---|---|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>--a. STATE <b>Mo.</b> b. COUNTY _____ |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |                               | c. LENGTH OF STAY (in this place)<br>1   |   | c. CITY OR TOWN <b>St. Louis</b>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4940 Parker Ave.</b>   |                               |  |   | e. STREET ADDRESS (If rural, give location)<br><b>4940 Parker Ave. 2170</b>   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>LEO</b>  |                               | b. (Middle) <b>T.</b>  |   | c. (Last) <b>SCHOPP</b>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Feb. 16 1956</b>   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Aug. 6, 1882</b>                         |   | 9. AGE (In years last birthday) <b>73</b>                                 | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 10 HRS.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Foreman-St. Louis</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Screw &amp; Bolt Co.</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Joseph Schopp</b>  |                               | 13b. MOTHER'S MAIDEN NAME<br><b>Julia Zimmerman</b>  |   | 14. NAME OF HUSBAND/OR WIFE<br><b>Nora Schopp</b>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No None</b>  |                               | 16. SOCIAL SECURITY NO.<br><b>None</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Nora Schopp 4940 Parker Ave/</b>  |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                     |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the common duct, metastasis of the liver and pancreas</b><br><br>ANTECEDENT CAUSES<br>DUE TO (b) _____<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i><br><b>155x</b> |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b>   |  |
| 19a. DATE OF OPERATION<br><b>1/25/56</b>  |                               | 19b. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of the common duct, metastasis of the liver/ and pancreas</b>   |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 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)   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?  |   |  |  |
| 22. I hereby certify that I attended the deceased from <b>2/9/56</b> , 19____, to <b>2/16/56</b> , 19____, that I last saw the deceased alive on <b>2/11/56</b> , 19____, and that death occurred at <b>7:45A</b> m., from the causes and on the date stated above. |                               |  |   |   |   |  |  |
| 23a. SIGNATURE (Degree or title) <b>F.R. J. ...</b>   |                               |  |   | 23b. ADDRESS<br><b>M. D. 539 No. Grand, St. Louis 3, Mo.</b>  |   | 23c. DATE SIGNED<br><b>2/16/56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>   |                               | 24b. DATE<br><b>Feb. 18, 1956</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Crematory</b> |   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b> |  |  |
| DATE REC'D BY LOCAL REG.<br><b>FEB 16 1956</b>  |                               | REGISTRAR'S SIGNATURE<br><b>[Signature]</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshaus 4228 S. Kingshighway Bl.</b>  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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. 514 working under my personal supervision..

Student George W. Kriegshauser, Jr.  
Signature of Student Embalmer

Signed William B. White

Licensed Embalmer No. 412

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.