

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11477**
Registrar's No. **651**

FILED MAR 29 1957

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 651					
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (in this place) 7 years		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1774 Dougherty Ferry Rd.				e. STREET ADDRESS (If rural, give location) 1774 Dougherty Ferry Rd.							
3. NAME OF DECEASED (Type or Print) KATHERINE (KATIE)			a. (First)		b. (Middle)		c. (Last)				
							4. DATE OF DEATH March 8, 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 6, 1868		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 2	Hours 	Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked			10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Kirkwood, Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry Bopp			13b. MOTHER'S MAIDEN NAME Margaret Knobloch			14. NAME OF HUSBAND OR WIFE Single					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Laura Bopp, 1774 Dougherty Ferry Rd.					ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis Cardiomyelitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age 88. DUE TO (c) Age 88.						INTERVAL BETWEEN ONSET AND DEATH 9 days 5 yrs.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 2 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) m.			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 1952 , to 3/8 , 1957, that I last saw the deceased alive on 3/5 , 1957, and that death occurred at 3:10 a.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) E. E. Remann, M.D.				23b. ADDRESS 2901 Big Bend Rd.				23c. DATE SIGNED 3/9/57			
24a. BURIAL OR CREMATION REMOVAL (Specify) Burial		24b. DATE 3/11/57	24c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery			24d. LOCATION (City, town, or county) (State) Des Peres, Mo.					
DATE REC'D BY LOCAL REG. 3/11/57		REGISTRAR'S SIGNATURE Hubert A. Domb...			25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.			ADDRESS Kirkwood			

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

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.....
Signature of Student Embalmer

Signed *Francis J. McLaughlin Jr.*
Licensed Embalmer No. 4512

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