

FILED NOV 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38777

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2591

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Des Peres</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Des Peres</u> <u>4410</u> OR <u>0</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ozark Home</u>		Length of stay in 1b <u>3 Mos.</u>	d. STREET ADDRESS (If outside, give location) <u>953 Blase Ave.</u>
3. NAME OF DECEASED (Type or print) First <u>Mathilde</u> Middle <u>Dorothea</u> Last <u>Schaeffer</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>20</u> Year <u>1957</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>2</u> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 13 1872</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	9. AGE (In years last birthday) <u>85</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Creve Coeur, Mo.</u>
11. BIRTHPLACE (City and state or country) <u>Creve Coeur, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Sebastian Bopp</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Bopp Hoffmann</u>	
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>no</u>	17. INFORMANT Address <u>Des Peres Mo.</u> <u>Edna Schaeffer 953 Blase</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis of Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>			<u>5 yrs?</u>
DUE TO (c) <u>unknown</u>			<u>2</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4/200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <u>5</u> Month <u>Sept</u> Day <u>17</u> Year <u>1957</u> a. m. <u>P</u> p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>	20f. CITY, TOWN, OR LOCATION <u>Kirkwood, MO.</u>
20f. CITY, TOWN, OR LOCATION <u>Kirkwood, MO.</u>		20g. COUNTY <u>St. Louis</u>	
20g. COUNTY <u>St. Louis</u>		20h. STATE <u>MO.</u>	
21. I attended the deceased from <u>3 Sept 57</u> to <u>10-10-57</u> and last saw her alive on <u>10-10-57</u> Death occurred at <u>5 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>		22b. ADDRESS <u>10424 Manchester Kirkwood, MO.</u>	22c. DATE SIGNED <u>10-21-57</u>
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-24-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Trinity Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clayton & Woods Mill Rd MO</u>
24. FUNERAL DIRECTOR <u>Schrader Funeral Home Ballwin Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-21-57</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard Bapp

Licensed Embalmer No. 458

P. O. Address *Bullwin,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.