

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

✓ 2534

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 21075
City St. Louis Mo. (No. 1716 South Third St.)

File No.
Registered No. 226
St. Ward)

2. FULL NAME

(a) Residence, No. 1716 South Third St. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15th, 1845		
7. AGE YEARS 86	MONTHS 7	DAYS 21
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

MOTHER FATHER

13. NAME **William Schopp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Margaret Reeb 1716 South Third St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan 9** 1932

19. UNDERTAKER (ADDRESS) **Starker & Co 230 N 5th St**

20. FILED **1-8 1337** 1932 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 6 1932**

22. I HEREBY CERTIFY, that I attended deceased from **Nov 15**, 1931, to **Jan 6**, 1932
I last saw **her** alive on **Jan 5**, 1931. Death is said to have occurred on the date stated above, at **3 A.M.**
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset **Jan 3 / 1932**
100
92 / 108
112 / 108
Other contributory causes of importance:
Chronic Rheumatoid Arthritis **Nov 15 / 1931**
Bronchial Asthma

9 Name of operation Date of
What test confirmed diagnosis? **Microscopic** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury **(D)**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify (Signed) **P. P. Honnell**, M. D.
(Address) **3527 Park Ave St. Louis Mo**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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