

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

Do not use this space.

14009

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... (No. 4027, Dryden Ave)

File No.....  
Registered No. 3321  
St. .... Ward)

**2. FULL NAME**

Edward Schopp  
(a) Residence, No. 4027 Dryden St., 7 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Schopp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-29-1852</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>0</u>
	DAYS <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Printer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>Joseph Schopp</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Theresa Schuff</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Louise Schopp 4027 Dryden Ave</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Peter + Paul</u> DATE <u>4/6</u>
	19. UNDERTAKER (ADDRESS) <u>W. A. Stark and Co 2117 Grand Blvd</u>
	20. FILED <u>DR - 5 1932</u> <u>May 1932</u> Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 3, 1932

I HEREBY CERTIFY that I attended deceased from Nov 31 to April 3, 1932  
I last saw him alive on April 2, 1932. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:  
Endocarditis - acute  
Myocardial infarction  
Chronic Interstitial Nephrosis  
Other contributory causes of importance:  
None

Name of operation None Date of.....  
What test confirmed diagnosis? Clinical 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.....  
Nature of injury..... no

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify.....  
(Signed) Wm. Jordan M. D.  
(Address) 1246 13th

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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