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

Do not use this space.

10949

File No.

Registered No. 78

1. PLACE OF DEATH

County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033 B

City Pine Lawn (No. 2150, Rosebud Ave St. Ward)

2. FULL NAME Mern Nevada Shoop

(a) Residence, No. 2150 Rosebud Ave. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosse E. Shoop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1886

7. AGE: Years 47 — Months 0 — Days 26 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 115P

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) North Dakota

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Rosse E. Shoop
(ADDRESS) 2150 Rosebud Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Mar. 25, 1933

19. UNDERTAKER Drehmann Harral Undt. Co.
(ADDRESS) 1905 Union Blvd.

20. FILED 3-25-1933 Gella Bray M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1932, to March 23, 1933

I last saw him alive on March 19, 1933. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertensive endocarditis	3/19/33
2. Vincent angina	
3. Pelvic abscess	

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Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Clarence G. Drum, M. D.

(Address) 1927 Gravois

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.

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

MAGNIN RULED FOR BINDING

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