

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.

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

Do not use this space.

37382

NOV 13 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3537**, **Bingham**)..... St. Ward)

File No.....
Registered No. **9795**.....

2. FULL NAME

Marie Schopp
(a) Residence, No. **3537 Bingham** St. **15** Ward.
(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 F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Schopp		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1860		
7. AGE	YEARS 74	MONTHS 0
	DAYS 12	If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

13. NAME **John Kreh**

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

15. MAIDEN NAME **unknown**

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

17. INFORMANT **Charles Schopp**
(ADDRESS) **3537 Bingham**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Summit Burial** DATE **10/6** 19**34**

19. UNDERTAKER **J. L. Ziegenhein & Sons**
(ADDRESS) **7027, Groves**

20. FILED **UOI - 6 1335**
J. B. Redbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 3rd** 19**34**

22. I HEREBY CERTIFY That I attended deceased from **Sept 29th** 19**34** to **Oct 3rd** 19**34**
I last saw her alive on **Oct 3rd** 19**34**. Death is said to have occurred on the date stated above, at **10:45 P.** m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
822
Other contributory causes of importance:
822

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?
If so, specify.....
(Signed) **Harold A. Spelling**, M. D.
(Address) **4724 Groves Ave.**

