

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

Do not use this space.

AUG 23 1935

20908

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Ballwin

Registration District No. 785
Primary Registration District No. 6031
(No. Manchester Road)

File No.
Registered No. 111
St. Ward

2. FULL NAME

(a) Residence, No. Manchester Road St., Ward.

(Usual place of abode)

Ballwin Mo
(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Bopp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28 1885</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>5</u>	DAYS <u>2</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>Laborer</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.....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Henry Bopp

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mary Kusler

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ella Bopp Ballwin Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 7-3-1935

19. UNDERTAKER Louis Bopp Kirtwood
(ADDRESS)

20. FILED July 1st 1935 Agnes C. Kelly Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1934 to June 30 1935

I last saw him alive on June 29 1935 Death is said

to have occurred on the date stated above, at 4:15 A.M.

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

Carcinoma of stomach Date of onset
4/10

Other contributory causes of importance:
Chronic myocarditis
(Valvular insufficiency)

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external cause (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) P. R. Loving M. D.

(Address) Ballwin, Mo.

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.

JUL 16 1953