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OCT 5 1936

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

Do not use this space.
35827

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis City (No. Hos. #2, ... St. ..... Ward)

File No. .....

Registered No. 9448

2. FULL NAME Irma Jean Topp

(a) Residence, No. 1713 A. N. 11th St. St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10th 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	10	1	

OCCUPATION

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

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

FATHER

13. NAME Thomas Topp

14. BIRTHPLACE (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Gertrude Gordon

16. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

17. INFORMANT Gertrude Topp
(ADDRESS) 1713 A. N. 11th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE Sept. 15, 36

19. UNDERTAKER A. Russell Und. Co.
(ADDRESS) 2732 Pine St.

20. FILED SEP 14 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

N. Phy. in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 15 A.m.

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

Lye Poisoning, self administered at residence (strong soap solution)

Date of onset

Other contributory causes of importance:

Lobar Pneumonia

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 9/10/, 1936

Where did injury occur? St. Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
home

Manner of injury see above

Nature of injury .....

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

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) Dipbox

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.