

FEB 16 1938

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

Do not use this space.

21

1. PLACE OF DEATH
96 County St. Louis Registration District No. 96 File No. 4057
Township Bonhomme Primary Registration District No. 89 Registered No. 89
City Kirkwood Oakland No. 928 Scott Ave. St. _____ Ward _____

2. FULL NAME Otto Theodore Bopp 160
(a) Residence, No. 928 Scott 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 Male 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 Thekla Bopp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th, 1892

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>45</u>	<u>8</u>	<u>0</u>	

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

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) Kirkwood, Mo (STATE OR COUNTRY)

13. NAME Peter C. Bopp

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

15. MAIDEN NAME Emma Richter

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

17. INFORMANT Thekla Bopp (ADDRESS) 928 Scott Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill DATE 1-15-38

19. UNDERTAKER Louis J. Bopp (ADDRESS) Kirkwood, Mo

20. FILED THEODORE R. MEYER M.D. DR. PUBLIC HEALTH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-38 1938

I HEREBY CERTIFY, That I attended deceased from Jan 35 1938 to Jan 13 1938
I last saw him alive on Jan 10 1938 Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung Date of onset ?

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? 1
If so, specify _____
(Signed) L. J. Bopp M. D.
(Address) 209 S. Howard Kirkwood Mo

Deputy State Commissioner of Health

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.

