

RECD SEP 14 1939

791

Registration District No.

1003

Primary Registration District No.

Registrar's No.

6886

1. PLACE OF DEATH:

- (a) County City of St. Louis
- (b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Landis Stoop 310

3. (b) If veteran,

name war

No

3. (c) Social Security

No.

4. Sex

Male

5. Color or race

White

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

Rote Stoop

6. (c) Age of husband or wife if

alive 30 years

7. Birth date of deceased

Aug

(Month)

2

(Day)

1904

(Year)

8. AGE:

Years

35

Months

0

Days

4

If less than one day

hr.

min.

9. Birthplace

Versailles

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

Schoolteacher

11. Industry or business

MOTHER FATHER { 12. Name Amos Stoop

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

(City, town, or county)

(State or foreign country)

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mrs Rita Stoop

(b) Address

Richwoods Mo.17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof Aug 9, 1939

(Month) (Day) (Year)

(c) Place: burial or cremation

Richwoods, Mo.

18. (a) Signature of funeral director

Albert H. Hoppe Inc.

(b) Address

4700 Washington Blvd19. (a) AUG 8 1939

(Date received local registrar)

J.F. Braddock

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Washington
- (c) City or town Richwoods NR
(If outside city or town limits, write "RURAL")
- (d) Street No. _____
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6 minute 45 P. M.
year 1939 hour 1121. I hereby certify that I attended the deceased from August 5th to August 6th 1939, that I last saw him alive on August 6th 1939, and that death occurred on the date and hour stated above.

Immediate cause of death

Edema of 9 bottles

Duration

Sudden

Due to

Retropharyngeal Abscess 3 days

Due to

Peritonsillar Abscess 5 daysCaused by tonsillitis

Other conditions

non-diphtheritic
(Include pregnancy within 6 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work?

(Specify type of place)

(e) Means of injury

28. Signature W.E. Matlock (M. D. or other) MD
Address 4030 Chautauque Date signed 8/7/39

9889

9889

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.