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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5206

Registration District No. 1003

Primary Registration District No.

Registrar's No. 1454

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis. 1726
(If outside city or town limits, write "RURAL")

(d) Street No. 1212 St. Louis Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Fred Schopp

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Nellie Schopp.

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 27 1883. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	3	15	hr. min.

9. Birthplace St. Louis, Missouri. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Unemployed.

11. Industry or business

FATHER 12. Name Unknown.

13. Birthplace Unknown. 9 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Unknown.

15. Birthplace Unknown. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Schopp.

(b) Address 1212 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-41. (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 13 1941 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12, year 1941 hour 6:10 minute AM.

21. I hereby certify that I attended the deceased from January 14, 1941, to February 12, 1941, that I last saw him alive on February 12, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fibrosis of myocardium	
Due to 0	
Due to	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis of aorta	
Major findings: Of operations	
or autopsy Refused	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature R. J. Maxwell (M. D. or other)

Address 1515 Lafayette Avenue. Date signed 2/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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

If this body is not embalmed, fact should be so stated above.