. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26155

Registration District No. 124 Primary Registration District No. 200 Registrar's No. 1397

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3541 Boswell Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3541 Boswell Ave. /
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Catherine H. Hopp

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

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward J.

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

7. Birth date of deceased Oct. (Month) 6 (Day) 1869 (Year)

8. AGE: Years 71 Months 8 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Pinckneyville (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nicholas Mangin
13. Birthplace ..... (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Josephine Martin
15. Birthplace ..... (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Mary A. Cheek
(b) Address 3541 Boswell Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Pinckneyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUL 3 1941 (Date received local registrar) (b) R. Meyer M.D. Dep. (Registrar's signature)

B.C.V.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1941 hour 6.30 minute P. M.

21. I hereby certify that I attended the deceased from June 30, 1941, 19..., to June 30, 1941, that I last saw her alive on June 30, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Bile ducts	4 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of bile ducts
Of autopsy None

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) None
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ~~Home~~ None (Specify type of place)
While at work? (e) Means of injury

23. Signature Maurice A. Dreher M.D. (M.D. or other)
Address 8924 St. Charles Rd. St. Louis, Mo. Date signed July 3, 1941

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 3 1941

AUG 14 1941

L. G. H.
Howell

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 Albert G. Hoffer

Licensed Embalmer No. 2991

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, fact should be so stated above.