

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30281

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7620

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3445 Crittenden St. (If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1941 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from AUG. 7
1941 to SEPT. 19, 1941
that I last saw him alive on Sept 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Carcinoma of the head of the Pancreas
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: As above - Liver Metastases
Of operations _____
Of autopsy: As above
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) NO
(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) _____
(e) Means of injury _____
While at work _____
23. Signature Arnold S. Stein (M. D. or other) _____
Address 2632 So. Kingshighway, St. Louis, Mo. Date signed 9/19/41

3. (a) PRINT FULL NAME MR. ARTHUR POPP

3. (b) If veteran, name war _____ 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 Mrs. Amalia Popp 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased December 10, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Perryville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business _____

12. Name Christopher Popp

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

14. Maiden name Eva Dietrich

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

16. (a) Informant Mrs. Amalia Popp

(b) Address 3445 Crittenden

17. (a) Burial (b) Date thereof Sept. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) SEP 22 1941 (b) J. D. Breddeck
(Date received local registrar) (Registrar's signature)

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

06
19
9

Dr. Klein

6:30 - 8:30

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..... *[Signature]*
Licensed Embalmer No. *3737*
P. O. Address *1936 St. Louis*

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.