

FILED APR 17 1942 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

079

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

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:  
4379 Holly Hills  
(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 John Louis Ropers

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 Lean Rau Ropers 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased May 24, 1960  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 10 12                      hr.                      min.

9. Birthplace Not known Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery worker - retired

11. Industry or business.....

12. Name Not known

13. Birthplace Not known Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Ropers

(b) Address 4379 Holly Hills

17. (a) burial (b) Date thereof 4/9/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director John K. Ziegenhain & Sons

(b) Address 7027 Paradise Ave

19. (a) APR 8 1942 J. T. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4379 Holly Hills  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6<sup>th</sup>  
year 1942 hour 2 minute 15-P M.

21. I hereby certify that I attended the deceased from February 10<sup>th</sup> 1939 to April 6<sup>th</sup> 1942  
that I last saw him alive on April 6<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Occlusion 1 day.  
Due to Mitral Regurgitation Heart 5 yrs.  
Due to Chronic Myocarditis 5 yrs.  
Other conditions.....  
(Include pregnancy within 3 months of death) 92b

Major findings:                       
Of operations                       
Of autopsy                     

Duration

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 0

23. Signature Albert Beisbarth (M. D. or other) md  
Address 3548 S. Grand Date signed 4-6-42

