

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13045

State File No. _____

FILED MAY 19 1942 791

1003

Registrar's No. 4212

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5441 Reber Pl.
(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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5441 Reber Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

600
13 17
9
0

3. (a) PRINT FULL NAME Theresa Schopp
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 11th
year 1942 hour 3 minute A.M. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 4th 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to 5-11, 1942
that I last saw h.e. alive on 5-10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Carcinomatosis of abd.
Metastasis to left lung.

Duration
1 year
4 weeks

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>7</u>	hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework at home

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Edward Schopp
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary VanRae
15. Birthplace St. Clair County Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Schopp
(b) Address 5441 Reber Pl.
17. (a) Burial (b) Date thereof 5-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

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? _____

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAY 12 1942 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

23. Signature John J. Hammond (Specify type of place) _____ (c) Means of injury _____
Address 1634 N. Grand Date signed 5/12/42

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF HEALTH
Mr. Herbert A. Blyden
August 28, 1988

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..... *Edmund D. McVernat*

Licensed Embalmer No.....

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.