

S. No. 2
4-5-42
5-17-39
P. 1 X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29097

FILED OCT 6 1943 18

Registration District No.

Primary Registration District No.

State File No.

Registrar's No. 7893

1003

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:
4821 S. Broadway 1
(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 Gottfried J. H. Popp

3. (b) If veteran, name war 770 3. (c) Social Security No. 492-01-6991

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Dena Popp 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 24 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 28 hr. min.

9. Birthplace Frohna Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Shoemaker

11. Industry or business.....

MOTHER FATHER

12. Name Henry Popp

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

14. Maiden name Clara Pfad

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

16. (a) Informant Leone Popp

(b) Address 4821 S. Broadway

17. (a) Burial (b) Date thereof 9-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director Walt Brod...

(b) Address 2929 S. Jefferson Av

19. (a) SEP 23 1943 (b) J. F. Bredeck
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
 (c) City or town St. Louis 15-9
(If outside city or town limits, write "RURAL")
 (d) Street No. 4821 S. Broadway
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
 year 1942 hour 1 minute 00 p. m.

21. I hereby certify that I attended the deceased from June 1 1942 to Sept. 22 1942
 that I last saw him alive on Sept. 22 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis

Due to.....
Chronic Broncho Ectasis

Other conditions.....
(Include pregnancy within 3 months of death)

Duration
 Physician
 Underline the cause to which death should be charged statistically.

Major findings: None
 Of operations.....
 Of autopsy..... None

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? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (Specify type of place) (e) Means of injury.....

23. Signature Messrs. B. Witt (M. D. or other) 3805 S. Broadway
 Address 3805 S. Broadway Date signed 9/23/42

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.....

Paul A. Shanklin

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul A. Shanklin

Licensed Embalmer No. *3472*

P. O. Address *29796 Jefferson*

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.