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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38092

State File No.

FILED DEC 10 1942

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2459

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pine Crest Nursing Home
(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 Ballwin 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louisa Bopp Mann.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John Mann

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

7. Birth date of deceased June (Month) 20 (Day) 1860 (Year)

8. AGE: Years 82 Months 5 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace St Louis Co (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name Sebastain Bopp
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Marie Milt
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Elizabeth Schleusner
(b) Address Ballwin Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Ballwin Mo

18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood Mo

19. (a) NOV 27 1942 (Date received local registrar) (b) E G McGarvan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th
year 1942 hour 12 minute 46 P. M.

21. I hereby certify that I attended the deceased from June 1st, 1942 to Nov 24, 1942
that I last saw her alive on November 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death — Carcinoma of Stomach

Due to .....

Due to .....

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

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury —

23. Signature R. W. Jansen (M. D. or ~~other~~)
Address Manchester Mo Date signed 11/24/42

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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.