

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
409 W. Argonne Dr.
(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 Theodore Bopp, Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife CATHERINE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 29 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 6 23 br. _____ min.

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

10. Usual occupation Ret Bldg Contracotr

11. Industry or business _____

MOTHER FATHER
12. Name Peter Bopp,
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk
(City, town, or county) (State or foreign country)

16. (a) Informant Gustav Bopp
(b) Address 409 W. Argonne, Kirkwood.

17. (a) burial (b) Date thereof 5/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Hill Cemty

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

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. L.
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 409 W. Argonne Dr.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 9 minute 10 a M.

21. I hereby certify that I attended the deceased from May 12, 1943 to May 22, 1943
that I last saw him alive on May 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial
Duration 2 7/8

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy 932

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? _____ (a) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Kirkwood Date signed 5-24-43

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

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.....

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.