

FILED SEP 11 1943

Registration District No. **317**

Primary Registration District No. **3066**

Registrar's No. **1992**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Kirkwood, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
217 E. Clinton
(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 **Christine S. Bopp**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Andrew T. Bopp** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 12 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 19 hr. min.

9. Birthplace **Collinsville Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER { 12. Name **Andrew Raaf**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew T. Bopp**
(b) Address **217 E. Clinton Kirkwood, Mo.**

17. (a) **Burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park Cem**

18. (a) Signature of funeral director **Louis H. Bopp, Inc.**

(b) Address **Kirkwood, Mo.**

19. (a) **SEP 2 1943** (b) **E. G. McHarran**
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **217 E. Clinton**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **31**
year **1943** hour **5:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Sept 25th 1942**
to **Aug 31st 1943**

that I last saw **her** alive on **Aug 31st 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Cerebrovascular Disease**
R face - L arm & leg. Duration **2 days**

Due to **Cardio-vascular hypertension**
Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **8301**

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) (b) Means of injury _____

23. Signature **E. B. Waters** (M. D. or other) _____

Address **Kirkwood, Mo** Date signed **8-31-43**

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

SEP 13 1943

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.