

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 4 1943
Registration District No. _____

30 63
Primary Registration District No. _____

1967
Registrar's No. _____

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

96
2
3

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 _____

3. (a) PRINT FULL NAME Unknown Newborn Female

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 _____

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Unk
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day
Newborn about 23 hr. _____ min.

9. Birthplace Unk _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Unk

13. Birthplace Unk _____
(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 St. Louis Co Coroner's Office

(b) Address Kirkwood Mo 8-21-43

17. (a) _____
(Burial, cremation, or removal)

(b) Date thereof 8-21-43
(Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter

(b) Address 6720 Benton St

19. (a) AUG 31 1943
(Date received for filing)

(b) C. D. Mc
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
year 1943 hour 4:10 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death From injuries received when thrown on bank of River DesPeres by unknown party.
Due to Exposure; Multiple abrasions and contusions; Focal subarach-
Due to noidal hemorrhage.

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

Major findings: 168

Of operations _____

Of autopsy Yes.

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) Homicide.

(b) Date of occurrence August 19, 1943

(c) Where did injury occur? River DesPeres, U. City
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Coroner _____
(M. D. or other)

Address Kirkwood, Mo 8-20-43 Date signed _____

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..... *Louis H Bopp*.....
Licensed Embalmer No.....
P. O. Address..... *921*.....

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.