DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4433

FILED FEB 14 1944

Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 293

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Mt. St. Rose Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years at Farmington, Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 11

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 6611 Minnesota Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME BENNO POPP

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Adeline Leona Popp

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased January (Month) 5 (Day) 1904 (Year)

8. AGE: Years 40 | Months -- | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace Freising (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Baker

11. Industry or business State Hospital

FATHER
12. Name Mathias Popp
13. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Clara Brown
15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Adeline Popp---wife

(b) Address 6611 Minnesota Avenue, St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2--7--1944 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) FEB 5 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1944 hour 9 minute 20 AM.

21. I hereby certify that I attended the deceased from Jan 29, 1944, to Feb 3, 1944
that I last saw him alive on Feb 3, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death For Advanced Pulmonary Tbc	5 mo
Due to	
Due to	
Other conditions Miliary Tuberculosis (Include pregnancy within 3 months of death) Tuberculous Meningitis	

Major findings:
Of operations
Of autopsy 13 Pl

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 John G. Murphy (M. D. or other) M.D.
Address 9101 S. Broadway Date signed 2-3-44

(Licensed Embalmer's Statement on Reverse Side)

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

Louis C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed: Louis C. Hoffmeist

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.