S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13437

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3321

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5633 Gresham St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 172
(If outside city or town limits, write "RURAL")
(d) Street No. 5633 Gresham St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carrie K. Topp

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles C. Topp

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

7. Birth date of deceased December (Month) 29 (Day) 1865 (Year)

8. AGE: Years 78 ~~78~~ Months 3 Days 11 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Cornelius King
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Indiana Burkhart
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Willard G. Meyer
(b) Address 5633 Gresham St.

17. (a) Indianapolis, Ind (Burial, cremation, or removal) (b) Date thereof Via. RR. 4-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Walter Heldrich
(b) Address 3634 Gravois Ave

19. (a) APR 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 th. year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1944, to April 10, 1944; that I last saw her alive on April 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death) 93

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 H. A. Schmiemann (M. D. or other)
Address 6811 Gravois Date signed 4/10/44

(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.....

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.