S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39464

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10832

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: St. Louis City 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Des Moines
(c) City or town Burlington
(If outside city or town limits, write "RURAL")
(d) Street No. 2211 Burlington Dr. NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Willard Loper
3. (b) If veteran, name war World War # 2
3. (c) Social Security No. 480-01-7836
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Loper
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased September (Month) 28 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
46	2	13	hr. min.

9. Birthplace Mediapolis (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business

FATHER
12. Name Miles Loper
13. Birthplace Mediapolis (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Josephine Wallis
15. Birthplace Morning Sun (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mary Loper
(b) Address Burlington, Iowa
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Burlington, Iowa
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) DEC 12 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1945 hour 10:20 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 — Duration
Chronic Myocarditis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 3

23. Signature Patrick E. Taylor (M. D. or other)
Address Dep. Coroner Date signed 12/12/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1946 JUN 3 1946

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. B W Wilkinson

Licensed Embalmer No. 35-75

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.