. No. 2
I—5-42
5-17-39
I X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1946

State File No. 7259

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1578

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 1732 Virginia Lane
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carol Ann Bopp

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 February (Month) 5 (Day), 1946 (Year)

8. AGE: Years | Months | Days 8 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Walter Stanley Bopp
13. Birthplace Kirkwood, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marcella Lorraine Beno
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant mother — Mrs. Bopp

(b) Address 1732 Virginia Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation St Peters Cem

18. (a) Signature of funeral director Louis H Bopp Jr

(b) Address Kirkwood, Mo

19. (a) FEB 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1946 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 2/12, 1946, to 2/13, 1946
that I last saw her alive on 2-13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute anemia, probably congenital hemolytic icterus

Due to

Due to

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

Major findings:
Of operations —

Of autopsy —

Duration: 5-6 days

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 Henry J Pingo M.D. (M. D. or other)

Address 634 N Grand Date signed 2-13-46

(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 Ian M. Szemon

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl Maplewood 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.