

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 6 1946 STANDARD CERTIFICATE OF DEATH
318 1008

State File No. **18795**
Registrar's No. **4542**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6233 Northwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 6233 Northwood
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Frances Hoffman Popper

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elvin K. Popper 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February 22 1904
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1946 hour 12 minute 05 P M.

21. I hereby certify that I attended the deceased from July, 1945, to May 19, 1946, that I last saw her alive on May 19, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Day If less than one day

42 2 25 hr. _____ min.

Immediate cause of death:
Carcinoma of breast metastatic to liver & ovaries

Due to _____

Due to _____

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

Duration 144 hr.

9. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Carcinoma of breast

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Aaron Hoffman

13. Birthplace Romania
(City, town, or county) (State or foreign country)

14. Maiden name Provol

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant Elvin K Popper

(b) Address 6233 Northwood

17. (a) Burial (b) Date thereof 5/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

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? _____

18. (a) Signature of funeral director _____

(b) Address 4356 Lindell Blvd

19. (a) MAY 21 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Herician M. Meyer (M. D. or other) M.D.

Address 508 N. Grand Date signed 5/20/46

(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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. Allen Davis Jr.*
Licensed Embalmer No. *4053*
P. O. Address *St. Louis, 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.