S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34750

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 73

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6-10-46 (Specify whether.)
In this community 52 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

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

(d) Street No. 232 West Argonne
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME BOPP, Edwin L.

3. (b) If veteran, name war World I

3. (c) Social Security No. 488167615

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Olivia Bopp

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April (Month) 1 (Day) 1894 (Year)

8. AGE: Years 52 | Months 9 | Days 10 | If less than one day hr. min.

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

10. Usual occupation Time Keeper

11. Industry or business

MOTHER FATHER

12. Name P. C. Bopp

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

14. Maiden name Emma Richter

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

16. (a) Informant Registrar, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cemetery

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

(b) Address 131 W. Argonne, Kirkwood, Missouri

19. (a) 1-14-47 (Date received local registrar) (b) Ruth J. Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1947 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from 6-10-46, 19__, to 1-11-47, 19__; that I last saw him alive on January 11, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF TONGUE	
WITH DIFFUSE EXTENSION & METASTASES	UNK
Due to	
Due to	
Other condition BRONCHO PNEUMONIA (Include pregnancy within 3 months of death)	UNK

Major findings:
Of operations No Operation
Of autopsy No 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) No

(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 (c) Means of injury

23. Signature L. E. Stilwell (M. D. or other)
L. E. STILWELL, M.D.
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed

(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.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address.....Kirkwood (22) 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.