S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35525

Registration District No. 318 Primary Registration District No. 1001 Registrar's No. 9772

1. PLACE OF DEATH:
(a) County
(b) City or town ST LOUIS MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 12 DAYS 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Barnes Hospital (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Indiana (b) County Vigo 999
(c) City or town Terre Haute 12
(If outside city or town limits, write "RURAL")
(d) Street No. 226 Kent Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Mary Helen Bopp
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 4 (Day) 1912 (Year)

8. AGE: Years 35 Months 9 Days 16 If less than one day hr. min.
9. Birthplace Palmyra (City, town, or county) Indiana (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business
MOTHER FATHER
12. Name Henry Bopp
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Sharp
15. Birthplace Croyden (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Dr. James Bopp
(b) Address 2635 Wilson, Terre Haute, Ind.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Terre Haute, Ind.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 21 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 20
year 1947 hour 4:45 minute p M.
21. I hereby certify that I attended the deceased from 10-8-47, 19..., to 10-20-, 1947; that I last saw her alive on 10-20-47, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Post-operative atelectasis
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Tuberculosis, Rt. Lung
Of autopsy Post-op atelectasis

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature David R. Oliver (M. D. or other) M.D.
Address Barnes Hospital Date signed 10-20-47

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

Jefferson City Printing Co.
(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 Ernest W. Spillar

Licensed Embalmer No. 4080

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.