

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

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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 13 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27533**
Registrar's No. **7657**

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: **Lutheran Boarding Home** 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** 46
(c) City or town **Kirkwood** 4
(If outside city or town limits, write "RURAL")
(d) Street No. **441 W. Argonne Dr.** ?
N.R. (If rural, give location)
(e) Citizen of foreign country? **No.** 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Elizabeth Wilhelmina 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 **Single**

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

7. Birth date of deceased **March 9 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 5 18 hr. min.

9. Birthplace **Des Peres Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business.....

12. Name **Andrew Bopp, Sr.** 4

13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Katherine Blaser**

15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Bopp, Jr.**

(b) Address **441 W. Argonne Dr., Kirkwood**

17. (a) **Burial** (b) Date thereof **8/30/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

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

(b) Address **131 W. Argonne Dr., Kirkwood**

19. (a) **AUG 31 1948** (Date received local registrar) **J. T. Bredek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **27**
year **1948** hour **3** minute **24** A.M.

21. I hereby certify that I attended the deceased from **8-1-48** to **8-27-48** 19 **48**
that I last saw him alive on **8-24** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** ?
Duration ?

Due to **Chronic Angina & infarction** ?

Due to.....

Other conditions (Include pregnancy within 3 months of death) **9/2**

Major findings: Of operations.....
Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **W. H. ...** (M. D. or other) **W. H. ...**

Address **3211 S. ...** Date signed **8-28-48**

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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 Hurand

Licensed Embalmer No. 3034

P. O. Address. Kirkwood 22

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.