

FILED OCT 18 1948

Registration District No. **318**

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. **1003**

State File No. \_\_\_\_\_

Registrar's No. **8638**

**34674**

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: **De Paul Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Day**  
(Specify whether)  
 In this community **Life**  
years, months or days

3. (a) PRINT FULL NAME **Charlotte R. Schopp**

3. (b) If veteran, name war **None** | 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** | 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Anthony** | 6. (c) Age of husband or wife if alive **24** years  
 7. Birth date of deceased **December 14, 1924**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>23</b>	<b>9</b>	<b>18</b>	_____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Gerrard**  
 13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Christine Helstein**  
 15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anthony J. Schopp**  
 (b) Address **7008 Idlewild Ave**

17. (a) **Burial** (b) Date thereof **10-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son, Inc.**  
 (b) Address **2161 E. Fair Ave**

19. (a) **OCT 4 1948** (b) **J. F. Bredeak**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **Jennings**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **7008 Idlewild Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **2**  
 year **1948** hour **10** minute **45** P.M.

21. I hereby certify that I attended the deceased from **April 2**  
 1948 to **Oct 2** 1948  
 that I last saw h\_\_\_\_\_ alive on **Oct 2** 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death **auricular fibrillation**  
 Duration \_\_\_\_\_

Due to **mitral stenosis**  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of 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) \_\_\_\_\_  
 (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? **0**  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Aloysius A. Hill** (M. D. or other) **1948**  
 Address **3901 W. Flinn** Date signed **10-4-48**

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 *William G. Bush*

Licensed Embalmer No. *2110*

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.**