

FILED SEP 15 1950

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 28417
7610

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2019		
d. FULL NAME OF HOSPITAL OR INSTITUTION 7125 Pennsylvania			d. STREET ADDRESS (If rural, give location) 7125 Pennsylvania 0					
3. NAME OF DECEASED (Type or Print) a. (First) Louis			b. (Middle)			c. (Last) Lopp		
4. DATE OF DEATH (Month) (Day) (Year) Sept. 6 1950			5. SEX Male 0			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH June 6 1878			9. AGE (In years last birthday) 72		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Tennessee		
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Henry Lopp			13b. MOTHER'S MAIDEN NAME Lulu Hilton		
14. NAME OF HUSBAND OR WIFE Elizabeth			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Lopp			ADDRESS 7125 Pennsylvania					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Arterial Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Arteriosclerosis		
DUE TO (c)			II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR 321X		
22. I hereby certify that I attended the deceased from 3-7-1949, to 9-6-1950, that I last saw the deceased alive on 9-6-1950 and that death occurred at 5 P. m., from the causes and on the date stated above.								
23a. SIGNATURE W. W. Ender (Degree or title)			23b. ADDRESS 7609 S. Bowdy			23c. DATE SIGNED 9-7-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Sept. 9 1950			24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		
24d. LOCATION (City, town, or county) St. Louis Co.			24e. (State) Mo.					
DATE REC'D BY LOCAL REG. SEP 8 1950			REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan		

(Licensed Embalmer's Statement on Reverse Side)

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

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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

.....
working under my personal supervision.

Student Embalmer No.

Signed

Clarence K. Chow

Signed.....

Student Embalmer

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

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.