S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7202

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 286

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St. Louis~~ RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 14 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~St. Louis~~ NORMANDY 418
d. STREET ADDRESS (If rural, give location): 3085 Andover

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Anna c. (Last) Schopp

4. DATE OF DEATH (Month) (Day) (Year): Jan 29 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 5 1888
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Ouhrabka
13b. MOTHER'S MAIDEN NAME: Phillipine Troll
14. NAME OF HUSBAND OR WIFE: Carl Schopp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Carl Schopp 3085 Andover — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Liver, Lungs, Mediastinum — INTERVAL BETWEEN ONSET AND DEATH: 4-6 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Breast — 6 months
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: 10-23-53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Breast with Axillary Metastases 170X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 15, 1953, *to* Jan 29, 1954, *that I last saw the deceased alive on* Jan. 29, 1954, *and that death occurred at* 9:50 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene T. Dmytryk, M.D.
23b. ADDRESS: University Club Bldg
23c. DATE SIGNED: Jan 31, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 2/2/54
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem
24d. LOCATION (City, town, or county) (State): St. Louis [redacted].Mo

DATE REC'D BY LOCAL REG.: 2-1-54
REGISTRAR'S SIGNATURE: Herbert Adamke MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Wm. Schumacher 3013 Meramec

MWS (Licensed Embalmer's Statement on Reverse Side)

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

Dr E. DMYTRYT JE 0020
Mon 2 PM
Univ Club Bldg.

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 ..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

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.