

FILED SEP 28 1954
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STANDARD CERTIFICATE OF DEATH

State File No. **32492**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2199**

Feb 3

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Kirkwood		c. LENGTH OF STAY (in this place) 28 years		c. CITY OR TOWN Kirkwood <i>4693</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 E. Jefferson Ave		STREET ADDRESS (If rural, give location) 415 E. Jefferson Ave.			

3. NAME OF DECEASED (Type or Print)		a. (First) VIOLA	b. (Middle) M.	c. (Last) BOPP	4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1954	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12, 1891	9. AGE (In years) (last birthday) 62		10. UNDER 1 YEAR 3 Days	11. UNDER 4 HRS. 3 Hours	12. UNDER 15 MIN. 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Fenton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William Wenom		13b. MOTHER'S MAIDEN NAME Pauline Young		14. NAME OF HUSBAND OR WIFE Henry A. Bopp, Dec'd.			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Wenom, 14 Moreland, Glendale, Mo.			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ovarian Carcinoma				INTERVAL BETWEEN ONSET AND DEATH 18 Mos.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerose				30 Years.	

19a. DATE OF OPERATION 6/26/53		19b. MAJOR FINDINGS OF OPERATION Bi-Lateral Ovarian Carcinoma				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9/15/54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? ✓	
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22. I hereby certify that I attended the deceased from **March**, 19**53**, to **9/15**, 19**54**, that I last saw the deceased alive on **9/15**, 19**54**, and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE John Loggins (Degree or title) 0		23b. ADDRESS Kirkwood Mo		23c. DATE SIGNED 9/16/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/18/54		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. 9-16-54		REGISTRAR'S SIGNATURE Herbert R. Dombek		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Bopp, Inc. Kirkwood Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

52W

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.....
Signature of Student Embalmer

Signed..... *J. Allen Davis*

Licensed Embalmer No. *4059*

P. O. Address..... *St. L.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.