FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11387

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3209

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3664 Lafayette

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

4. DATE OF DEATH (Month) (Day) (Year): 3/27/56

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 9/20/1878
9. AGE (In years last birthday): 77
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): self
10b. KIND OF BUSINESS OR INDUSTRY: housekeeper
11. BIRTHPLACE (City and State or Foreign Country): St. Louis
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Conrad Schopp
13b. MOTHER'S MAIDEN NAME: Elizabeth Kern
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. R. Eteling
ADDRESS: 3664 Lafayette

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) mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c) hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
~~447~~
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* July, 1954, *to* Mar, 1956, *that I last saw the deceased alive on* Mar. 27, 1956, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Melvin L. Goldman, M.D.
23b. ADDRESS: 6 3 4 N. Grand
23c. DATE SIGNED: 3-30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/56
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: MAR 29 1956
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Jo. A. Howard
ADDRESS: 1619 So. Grand

(Licensed Embalmer's Statement on Reverse Side)

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~~ M

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Geo W Wilkins

Licensed Embalmer No. 3575

P. O. Address M Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co the above constitutes grounds for revocation of license.)

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