

FILED APR 15 1957

STANDARD CERTIFICATE OF DEATH

11040

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2963

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge			Length of stay in lb Life		d. STREET ADDRESS 5329 Conde St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Charles				First Charles		Middle Schopp		Last Schopp	
4. DATE OF DEATH		Month March		Day 26		Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 13, 1908		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patrolman		10b. KIND OF BUSINESS OR INDUSTRY Police Officer.		11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Fred Schopp				14. MOTHER'S MAIDEN NAME Nellie Vossmeier					
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 Address Mrs. Sarah Schopp 5329 Conde St.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver & massive gastro-intestinal hemorrhage due to Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) use of Eth DUE TO (c) varices PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) None								INTERVAL BETWEEN ONSET AND DEATH 5-6 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> no			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none 581-0						
20c. TIME OF INJURY Hour none Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> none						
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION St Louis Missouri		COUNTY		STATE			
21. I attended the deceased from 1-22-57 to 3-26-57 and last saw ^{him} alive on 3/25/57 Death occurred at 8:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Edward P. Reh md					22b. ADDRESS 4500 Olive St. Louis (8) Mo			22c. DATE SIGNED 3-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 29, 1957		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			23d. LOCATION (City, town, or county) St. Louis		23e. (State) Missouri
24. FUNERAL DIRECTOR Calvin F. Feutz ADDRESS 4828 Nat'l Bridge Funeral Home Inc. St. Louis 15, Mo.				25. DATE RECD. BY LOCAL REG. MAR 27 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith md ms			

(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; Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John A. Miller*

Licensed Embalmer No. 411

P. O. Address *St. Louis*

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.