

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027649

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FILED VS JUL 21 1957

Registarr District No. 317 Primary Registration District No. 500 Registrar's No. 1815

STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN Manchester		Length of stay in 1b 7 Yrs.		c. CITY OR TOWN Manchester		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Manchester Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Thekla Middle Julia Last Bopp				4. DATE OF DEATH Month July Day 4 Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/23/1885	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 7 Days 3	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Robert Winkler			13b. MOTHER'S MAIDEN NAME Christina Ordnung			14. NAME OF HUSBAND OR WIFE Otto T. Bopp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Naomi Johnson, 411 Lee Ave.			Address Kirkwood, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS							INTERVAL BETWEEN ONSET AND DEATH ?		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS									
DUE TO (c) SENILITY									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour 2:30 P. Month, Day, Year MAY 1ST 1957		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION BALLWIN, Mo		COUNTY Mo STATE Mo	
21. I attended the deceased from MAY 1ST 1957 to JULY 4, 1959 and last saw her alive on JULY 3, 1959 Death occurred at 2:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE B.R. Loving, M.D. (Degree or title)				22b. ADDRESS BALLWIN, Mo			22c. DATE SIGNED 7-6-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/7/59	23c. NAME OF CEMETERY OR CREMATORY Park Hill Cemetery		23d. LOCATION (City, town, or county) Sappington, Mo.			(State)		
24. FUNERAL DIRECTOR Pfzinger Mortuary, Kirkwood, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 7-6-59 C		26. REGISTRAR'S SIGNATURE Steve Eiler			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Herbert J. Lee Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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