

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8140

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED SEP 18 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OUR LADY OF PERPETUAL HELP Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY _____
 c. CITY OR TOWN ST. LOUIS Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7208 Field Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ANNA M BOPP AUG. 30 1961

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married 8. DATE OF BIRTH JULY 22 1886 9. AGE (last birthday) 75
 Widowed Divorced IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) AUSTRIA HUNGARY 12. CITIZEN OF WHAT COUNTRY U-S-A

13a. FATHER'S NAME FRANK LETSCH 13b. MOTHER'S MAIDEN NAME KATHERINE WOLFF 14. NAME OF HUSBAND OR WIFE FRED BOPP (DECD)

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 ANNE FROHMAN 7208 FIELD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 24 hours
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus 260x 12 years
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____

21. I attended the deceased from July 6 - 1956 to AUG. 30 - 1961 and last saw her alive on Aug 30 1961
 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W.N. Duckelford (Degree or title) M.D. 22b. ADDRESS 3903 OLIVE 22c. DATE/SIGNED 9/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE SEPT 2, 1961 23c. NAME OF CEMETERY OR CREMATORY ST. PETER & PAUL CEM. 23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

24. GENERAL DIRECTOR ADDRESS Thomas Hutis 2906 Gravois 25. RECD. BY LOCAL REG. SEP 1 1961 26. REGISTRAR'S SIGNATURE Loan Smith M.D.

1-5 Friday
D.C. 3. 9130.

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 *Samuel O. Hill*

Licensed Embalmer No. 4347

P. O. Address 2906 Davis

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.