

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038135
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 246

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED OCT 19 1961

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles Length of stay in 1b One Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Hazelwood Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Rt. 1 Box 112 Mo. Bottom Rd. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Gilbert Middle G. Last Bopp
4. DATE OF DEATH Month Oct. Day 5 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7(24)1881 9. AGE (last birthday) 80
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) Steelworker 10b. KIND OF BUSINESS OR INDUSTRY Railroad Supplies 11. BIRTHPLACE (City and state or country) Indiana 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George W. Bopp 13b. MOTHER'S MAIDEN NAME Susan Hendricks 14. NAME OF HUSBAND OR WIFE The Late Irene Bopp

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. No 17. INFORMANT Virginia Murphy Address Rt. 1 Hazelwood 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) Carcinoma of bladder metastases
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
INTERVAL BETWEEN ONSET AND DEATH Unknown

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 _____
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 10-4-61 to 10-5-61 and last saw ^{him} him alive on 10-5-61
Death occurred at 12:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. F. Campbell M.D. 22b. ADDRESS 114 N. Main St. St. Charles, Mo. 22c. DATE SIGNED 10-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10(9)61 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City; town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. Oct 7, 1961 26. REGISTRAR'S SIGNATURE Marceena Wilson

1966 OCT 19 1966 SA

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 Sheldon Collin

Licensed Embalmer No. 3382

P. O. Address St. Ann

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.