

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13262

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis mo (No. 3666 Russell Blvd)  
 Registered No. 3570 ..St. .... Ward .....

**2. FULL NAME**

Dr. Haptali Kopf  
 (a) Residence. No. 3666 Russell Blvd St. 17 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Kopf

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 6 10 0 0 0

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Hatter  
 (b) General nature of industry, business, or establishment in which employed (or employer) Continental Hat Co  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER Marcus Kopf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hannah Hirsch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

14. INFORMANT Ella Kopf  
 (Address) 3666 Russell

15. FILED 18 1927 Marc Starkopf  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1927 to April 11 1927 that I last saw deceased alive on April 11 1927 and that death occurred, on the date stated above, at 7:44

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
9813  
107A Broncho-Pneumonia  
17/10 (duration) yrs. 1 mos. 3 ds.  
 CONTRIBUTORY (SECONDARY) suppuration of foot and leg (duration) yrs. 6 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH..... NO DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)..... Hedrick S. Haebler, M. D  
4-12-1927 (Address) 3206 Hebert St.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int Sma DATE OF BURIAL 4/14 1927

20. UNDERTAKER Mayer ADDRESS 4356 Russell Blvd

WHITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

