

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

Do not use this space.

43451

1. PLACE OF DEATH

County.....

Registration District No. 78

File No. 12768

Township.....

Primary Registration District No. 1100:3

Registered No. 12768

City St. Louis Mo. (No.)

Sanitarium

St. Ward)

2. FULL NAME

Louise Koop

(a) Residence No. 5801 Southwest 1 Ave 13 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Koop

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 5 22

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

9. BIRTHPLACE (CITY OR TOWN) Macombs City
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank Stankoff
(Address) 5300 Ursula

15. FILED 28 1928 Thas C Stankoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/26/28 19

17. I HEREBY CERTIFY, That I attended deceased from 12/24/28, 19... to 12/26/28, 19... that I last saw alive on 12/21/28, 19... and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral hemorrhage - apoplexy
P 2 1/2

CONTRIBUTORY (SECONDARY) 74 W (duration) yrs. mos. ds. 3

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Physiol

(Signed) Frank Stankoff, M. D.
12/26/28, 19 (Address) 5300 Ursula

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL S. S. Peter + Paul Cem DATE OF BURIAL 12-29-28

20. UNDERTAKER Witt Bros & Co 2929 1/2 Jefferson Ave ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

