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

Do not use this space.

35573

File No. 10343

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4329 North 14th Street St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Wilhelmina Kopp

(a) Residence. No. 4329 North 14th St. St., 9 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kopp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12. 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
	84	7	7	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Gottfried Kuehn

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Oswald Kopp
(Address) 7324 Elm Maplewood

15. FILED OCT 21 1929 Max C Toarkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1929 19

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1929, to Oct 19, 1929, that I last saw her alive on Oct 19, 19, and that death occurred, on the date stated above, at 12:50 P M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cron. Myocarditis and cron. Nephritis
131
93C (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 129A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Emmy Kopp M. D.

, 19 (Address) 1918 Grand

*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 New Bethlehem Cemetery

DATE OF BURIAL Oct 22 1929

20. UNDERTAKER Theo. W. Beiderwieden

ADDRESS 1936 St. Louis

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.