APR 30 1930

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

Do not use this space.

10147

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 8248 B

City Koch — (No. Koch Hosp. St. ..... Ward)

File No. .....

Registered No. 81

2. FULL NAME Bertha Kopff

(a) Residence. No. 3315 S Jefferson St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 9 mos. 5 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Sylv. Kopff

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 17 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	7	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Married - Hwk
(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): Missouri

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Bertha (Unknown)

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

14. INFORMANT: Robt. Koch Hosp. Records
(Address) Koch Mo

15. FILED Mch. 19 1930 L. C. Obrod, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from June 13, 1928, 19..., to Mar. 18, 1930 that I last saw her alive on Mar. 18 1930, 19..., and that death occurred, on the date stated above, at 8:00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
22 A

About (duration) 1 yrs. X mos. ds.

CONTRIBUTORY (SECONDARY): Unknown
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) Chas. S. Rose, M. D.
3/18/30 (Address) Koch Mo.

*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	DATE OF BURIAL
Lakewood Park Cem	3/21 - 1930
20. UNDERTAKER	**ADDRESS**
Ziegenhein Bros. 2623	Cherokee St.

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