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

Do not use this space.
37315

1. PLACE OF DEATH

County St. Louis County — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 387
City Koch, Mo. (No. Koch's Hospital St. Ward)

2. FULL NAME FRANK KOPE

(a) Residence. No. 1320 N. Euclid ave. St. Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. 11 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)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1910

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
20	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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 Frank Kope
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Louise May
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Records of Robt. Koch Hospital
(Address) Koch, Mo.

15. FILED 11-27, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26, 1930. 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1930, to Nov. 26, 1930, that I last saw him alive on Nov. 26, 1930, and that death occurred, on the date stated above, at 12:55 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gastro Intestinal Tuberculosis
Laryngeal Tuberculosis (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? Clinical findings
(Signed) Royal A. Weir M. D.
11-26, 1930 (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
Jeff Haute, Ind.	Nov. 28 1930
20. UNDERTAKER	**ADDRESS**
Diehmann Hanal	1905 Union

WRITE PLAINLY, 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.