

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

Do not use this space.

40586

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves (No. 368 S. Gore Ave)

Registration District No. 788
Primary Registration District No. 4471

File No. _____
Registered No. 103
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 536 Lake St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anna M. Koppelin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 11 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work accountant
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 6 yrs
(c) Name of employer _____

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

10. NAME OF FATHER Phillip Koppelin

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

12. MAIDEN NAME OF MOTHER Mary A. Bowler

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

14. INFORMANT Mrs. Richard Koppelin
(Address) 536 Lake Ave. Webster Groves

15. FILED 12/12 19 30 Dr. A. W. Westrup REGISTRAR
J. Carlisle

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/10 1930

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1920 to Dec. 10, 1930, that I last saw h. live alive on Dec. 9, 1930, and that death occurred, on the date stated above, at 6:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

59 Chronic Myocarditis
9:00
(duration) 5 yrs. mos. ds.
CONTRIBUTORY Diabetes Mellitus
(SECONDARY) (duration) 10 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) Arthur W. Westrup, M. D.

12/12, 19 30 (Address) Webster Groves 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 Oak Hill DATE OF BURIAL Dec 12 1930

20. UNDERTAKER Parker Undertaking Co. ADDRESS Webster Groves

K. 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

JAN 22 1931

