

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

Do not use this space.

17621

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....  
Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **90571 Elected Care**)

File No.....  
Registered No. **4551**  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. **90571 Elected** St. **12** 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Lida Koppler</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June 11 - 1868</b>		
7. AGE YEARS <b>63</b>	MONTHS <b>10</b>	DAYS <b>26</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Sup. St. Car. Hatcheries</b>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>186</b>		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Louis mo</b>		
13. NAME <b>Philip Koppler</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Switzerland</b>		
15. MAIDEN NAME <b>Not known</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Not known</b>		
17. INFORMANT <b>Mrs. Lida Koppler</b> (ADDRESS) <b>90571 Elected Care</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Charles Cem.</b> DATE <b>May 10 1932</b>		
19. UNDERTAKER <b>Chas. L. Co.</b> (ADDRESS) <b>2707 N. Grand</b>		
20. FILED <b>MAY - 9 1932</b> <b>Walter B. Spohr</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **May 7<sup>th</sup> 1932**

**22. I HEREBY CERTIFY, That I attended deceased from** ..... 19.., to **May 7** 19**32**

I last saw him alive on **April 25** 19**32** Death is said to have occurred on the date stated above, at **10:50 p.m.**

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis	1930
93C	
95B	
Cardiac dilatation	formed

Other contributory causes of importance: **ABC**

Name of operation..... Date of.....

What test confirmed diagnosis? **D** Was there an autopsy?.....

**23. If death was due to external causes (violence), fill in also the following:**  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....  
Nature of injury.....

**24. Was disease or injury in any way related to occupation of deceased?**  
If so, specify **Walter B. Spohr**, M. D.  
(Signed) **Walter B. Spohr**  
(Address) **6635 Delaware**

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.

