

JUN 6 1936

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

Do not use this space.

791

21454

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis (No. 2702 So. 18th. Ward.)

File No.....
Registered No. 5695
..... St. Ward)

2. FULL NAME

Clemens Koopmann

(a) Residence, No. 2702 So. 18th. St., 23 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Koopmann		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/27/1849		
7. AGE YEARS 86	MONTHS 6	DAYS 2
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 12 yrs.		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Clemens Koopmann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Helen Seidenberg 2702 So. 18th. St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Waterloo Ill.** DATE **6/1/36** 19..

19. UNDERTAKER (ADDRESS) **W. C. Maydell 1926 Allen, Ave.**

20. FILED **MAY 29 1936 J. B. Beck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/29/36** 19..

22. I HEREBY CERTIFY that I attended deceased from **January 8, 1936** to **May 29, 1936**
I last saw him alive on **May 29, 1936** Death is said to have occurred on the date stated above, at **1.15 P**
The principal cause of death and related causes of importance were as follows:
Pneumonia lobar Hypostatic
Date of onset

Other contributory causes of importance
Langrene of left fore eye (go arteritis obliterans) Chr. Interstitial nephritis 1 yr.

Name of operation **none** Date of

What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury....., 19..
Where did injury occur? **no**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify **none**
(Signed) **Joseph Lubek** M. D.
(Address) **2767 Riverside**

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.

