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.

AUG 25 1936

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

Do not use this space.

File No. 27830

Registered No. 70

1. PLACE OF DEATH

County St. Louis — Registration District No. 333

Township St. Ferdinand — Primary Registration District No. 4468

City Florissant, Mo. (No. Parker Road Rout #I. St. Ward)

Florissant

2. FULL NAME Anna Koop.

(a) Residence, No. Florissant, Mo. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Koop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1851.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME George Lohe

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

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germnay

17. INFORMANT Mrs. John Meyer
(ADDRESS) Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sacred-Heart Cem DATE July 18/36.

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.

20. FILED 7/17 1936 W. A. Zeitler Registrar.
Geo. B. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15/36. 19

22. I HEREBY CERTIFY That I attended deceased from July 15, 1936, to July 15, 1936 Last saw her alive on July 15-, 1936 Death is said to have occurred on the date stated above, at 7. 10 P. M.

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

Heat Exhaustion — Date of onset

Other contributory causes of importance:

Senility

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

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

(Signed) O. N. Schudde O. N. SCHUDDE, M. D.

(Address) 118 N. Florissant Blvd., M. D. FERGUSON, MO.

Dr. Schudd
Ferguson, Mo.