

AUG 18 1936

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

Do not use this space.

28164

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Missouri** City Hospital No. **1**

File No.
Registered No. **6922**
St. Ward)

2. FULL NAME **Robert L. Koopman**

(a) Residence, No. **1800 Wash Street**, St. **2/1** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **separated**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/6/36** . 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Caroline Koopman**

22. I HEREBY CERTIFY, That I attended deceased from **6/7/36**, 19... to **7/6/36**, 19...
I last saw him alive on **7/6/36**, 19... Death is said to have occurred on the date stated above, at **11:55 A** M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **about 78 ? unk. unk.**

Arteriosclerosis, General Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **unk. nil**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Cigar Maker**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

97

Other contributory causes of importance:

Septic Subacute Parotitis Non-Epidemic

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

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

13. NAME **UNKNOWN**

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

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

15. MAIDEN NAME **UNKNOWN**

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.

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

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

17. INFORMANT **Hosp. Info., M.H. Kent**
(ADDRESS) **City Hospital No. 1**

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **Ray Greenbaum**, M. D.
(Address) **City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **VALHALLA CREAMATORY** DATE **7-9-36**

19. UNDERTAKER **MULLEN BROS. INC.**
(ADDRESS) **4259 LINDELL BLVD.**

20. FILED **JUL 9 1936** **J.F. Bredeck** Registrar.

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.

