

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937** Registration District No. **791**  
 County ..... Primary Registration District No. **1003**  
 Township ..... City **St. Louis** (No. **Christian Hospital**)  
 File No. **18610**  
 Registered No. **5186** Ward

2. FULL NAME **Theodora Kopp**  
 (a) Residence, No. **1902 Angelica** St., **26** 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 **Female** 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 **Carl Kopp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 20 1905**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>32</b>	<b>302</b>	<b>3</b>	<b>2</b>	

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

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) **Troy, Ill**

FATHER

13. NAME **Gerling**

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

MOTHER

15. MAIDEN NAME **Caroline**

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

17. INFORMANT **Carl Kopp**  
 (ADDRESS) **1902 Angelica St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem** DATE **May 25** 19**37**

19. UNDERTAKER **Beiderwieden Funeral Home**  
 (ADDRESS) **1936 St. Louis Av.**

20. FILE **MAY 24 1937** **J. Brebeck**  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 22 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 16, 1936**, to **May 22, 1937**

I last saw her alive on **May 22, 1937**. Death is said to have occurred on the date stated above, at **2:45 p. m.**

The principal cause of death and related causes of importance were as follows:  
**Placenta praevia** Date of onset **Jan 36**

Other contributory causes of importance:  
**Hemorrhage (uterine) and shock** 5-22-37

Name of operation ..... 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? ..... 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? **no**  
 If so, specify .....  
 (Signed) **O. E. S. J. ...** M. D.  
 (Address) **4215 1/2 Grand Blvd.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

899  
2-1-1

