

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.

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

Do not use this space.

REC'D JUN 12 1939

16838

1. PLACE OF DEATH

County
Township
City St. Louis (No.)

Registration District No.
Primary Registration District No.
St. Johns Hospital

File No.
Registered No. 4372
St. Ward)

2. FULL NAME Mr. Charles Koppe

(a) Residence, No. 1115 North 7th St. St. 25 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know 1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Don't Know 9

13. NAME Don't Know 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

15. MAIDEN NAME Don't Know 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know 9

17. INFORMANT Miss Roasch
(ADDRESS) 2331 Mullanphy St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 11, 1939

19. UNDERTAKER J. H. Gelpert and Co.
(ADDRESS) 2842 Meramec St.

20. FILED MAY 11 1939
J. F. Anderson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/5/39 19 39

22. I HEREBY CERTIFY, That I attended deceased from 4/11, 1939, to 5/5, 1939.
I last saw him alive on 5/5, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Cancer of Rectum - about 1 1/2 years
Date of onset

Other contributory causes of importance:

Peritonitis 5/2/39

Name of operation Surgical removal Date of 5/2/39
What test confirmed diagnosis? all tests 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? Yes
If so, specify J. J. Hernally M. D.

(Signed) J. J. Hernally
(Address) 1115 North 7th St.

NO EMBALMING