

No. 2
4-13-40
5-17-39
PI 223159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23738

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6185

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Carondelet Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULLNAME Isaac H. Kopf
3. (b) If veteran, name war none
3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 25, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 28 If less than one day
hr. _____ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Auctioneer

11. Industry or business _____

MOTHER FATHER { 12. Name Naphtali Kopf
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Julia Linnman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Jette Kopf
(b) Address 2710 S. Grand

17. (a) Burial (b) Date thereof July 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo.

18. (a) Signature of funeral director Weyner
(b) Address 4356 Lindell Blvd

19. (a) JUL 24 1940 (b) J. F. Bredese
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Milne Hotel. 18 & Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Monday 7 day 23
year 1940 hour 10:00 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbolic acid Poisoning; self administered Duration _____
at 709 Pine St. July 23
Due to 1940 at about 10:00 AM

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 23 1940
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No

While at work? No (Specify type of place)
(e) Means of injury Poison

23. Signature Joseph H. Anderson (M. D. or other)
Address Deputy Registrar

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. G. Sullivan
Licensed Embalmer No. 1122
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.