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FILLED OCT 18 1941
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1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3225 No. Florissant Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Months.
(Specify whether
In this community Twelve Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 003
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Kopp.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single.
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 27, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 1 18 hr. min.

9. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

10. Usual occupation None

11. Industry or business _____
MOTHER FATHER { 12. Name John Kopp.
13. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9
14. Maiden name Catherine Barry.
15. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

16. (a) Informant Sister Jeanne.
(b) Address 3225 No. Florissant Ave.

17. (a) Burial (b) Date thereof 9-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) SEP 10 1941 (b) J. P. Bredeske
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1941 hour 3. minute 15P. M.

21. I hereby certify that I attended the deceased from Aug. 20 1941 to Sept 15 1941
that I last saw him alive on Sept 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial Nephritis Duration 1 Month

Due to _____
Due to _____

Other conditions: Arteriosclerosis
(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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Arthur J. Donnelly (M. D. or other) MD
Address 1525 a. Cass Ave. Date signed 9/16/41

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

W. P. Kerkpatrick
1525th Lincoln

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.