V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16303

FILED JUN 9 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4936

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Manchester Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rosa J. Kopp
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Otto H. Kopp
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased April (Month) 16 (Day) 1871 (Year)
8. AGE: Years 72 Months 1 Days 13 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name George Kleb
FATHER 13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Genevieve Schindler
MOTHER 15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Otto H. Kopp
(b) Address Manchester, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery
18. (a) Signature of funeral director C. Hoffmeister U.A.L.Co.
(b) Address 7814 S. Broadway
19. (a) MAY 28 1943 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 3 minute 50 A.M.
21. I hereby certify that I attended the deceased from May 23/43 May 23, 1943, to May 28, 1943; that I last saw her alive on May 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left Cerebral Hemorrhage	5
Due to: Chronic Interstitial Nephr.	5 yr
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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 5/28/43

(Licensed Embalmer's Statement on Reverse Side)

2-4730

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 Jane A. Shamblin, Registered Apprentice No. ....., working under my personal supervision.

Signed Jane A. Shamblin

Licensed Embalmer No. .....

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.