

FILED OCT 8 1944

Registration District No. _____

Primary Registration District No. 6079

Registrar's No. 48

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) COUNTY HOME
(d) Length of stay: In hospital or institution ABOUT 3 MONTHS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS RURAL
(If outside city or town limits, write "RURAL") 95
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EMILE 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 SEPT 11 1912
(Month) (Day) (Year)

8. AGE: Years 32 Months 0 Days 18 If less than one day hr. _____ min. _____

9. Birthplace ST FRANCIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

12. Name GEORGE KOPP

13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINE KOPP

15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant COUNTY REC'D

(b) Address ST. LOUIS MO

17. (a) BURIAL (b) Date thereof 9-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. LOUIS MO

18. (a) Signature of funeral director Resc. Beebe

(b) Address St. Louis MO

19. (a) SEPT 29/44 (b) T. W. Douglas
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 29
year 1944 hour 7 minute AM

21. I hereby certify that I attended the deceased from July 1
1930 to Sept 29, 1944.
that I last saw him alive on Sept. 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 15 yrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature Arthur E. [unclear] (M. D. or other) MD

Address St. Louis MO Date signed 9-30-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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

005

RECEIVED

District Health Officer No. 4
District File Number 1044-438
Date Filed 10-6-48

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 ^{WT}.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Lea C. Basler
Licensed Embalmer No. 1955
P. O. Address St. Lawrence Ave

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.