

**FILED** JAN 5 1946 **STANDARD CERTIFICATE OF DEATH** 1003

State File No. \_\_\_\_\_  
Registrar's No. **11150**

Registration District No. \_\_\_\_\_ Primary Registration District 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:  
Anheuser Busch - 9th Perleberg  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** Joseph J. Kopp

**3. (b) If veteran,** Yes **3. (c) Social Security** NO 499-01-2520  
name war \_\_\_\_\_

**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married,** Married  
**6. (b) Name of husband or wife** Genevieve **6. (c) Age of husband or wife if** 51 years  
**7. Birth date of deceased** Feb. 9 1894  
(Month) (Day) (Year)

**8. AGE:** Years 51 Months 10 Days 9 If less than one day \_\_\_\_\_  
hr. min.

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

**10. Usual occupation** Brewery

**11. Industry or business**

**12. Name** Joseph Kopp

**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)

**14. Maiden name** Unknown

**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Genevieve Kopp  
**(b) Address** 2009a Cherokee St.

**17. (a) Burial** **(b) Date thereof** Dec. 21, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Nat'l Cemetery, St. Louis, MO.

**18. (a) Signature of funeral director** Walter Helde  
**(b) Address** 3634 Gravois Ave.

**19. (a) DEC 20 1945** **(b) J. F. Bredenk**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2009 Cherokee St.  
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 18  
year 1945 hour 9 minute 40 A. M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to Coronary Arteriosclerosis

Due to \_\_\_\_\_

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

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury

**23. Signature** Arthur E. ... (M. D. or other) \_\_\_\_\_  
**Address** \_\_\_\_\_ **Date signed** 1/2/46

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

MOTHER FATHER

---

---

**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..... *Robert C. White* .....

Licensed Embalmer No..... *2128* .....

P. O. Address..... *St. Louis Mo* .....

**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.**