No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2733

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 628

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 8 Weeks (Specify whether years, months or days)

In this community 64 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3826 Wisconsin (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country –

3. (a) PRINT FULL NAME Mrs. Pauline Koopmann

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Henry –

6. (c) Age of husband or wife if alive – years

7. Birth date of deceased December 5, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	1	14	hr. min.

9. Birthplace Murrhardt, (City, town, or county) Germany (State or foreign country)

10. Usual occupation At Home

11. Industry or business –

FATHER

12. Name Karl Kugler

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

MOTHER

14. Maiden name Rosina Ziegler

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

16. (a) Informant Mrs. Walther M. Dau

(b) Address 5267 Washington Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/48 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F. H. INC.

(b) Address 1936 St. Louis Avenue

19. (a) JAN 21 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19, year 1948 hour 5: minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct, 1948, to Jan 20, 1948, that I last saw her alive on Jan 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Chronic — Duration 2 wks.

Due to Arteriosclerosis Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause of 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 Bert H. Klein (M. D. or other) Dir.

Address 2032 S. Kingshighway Date signed 1-20-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

2632 South Kingshighway

1-4 P.M. Mon. Tues. Thurs. Fri.

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 Glen W. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis 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.