

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27921
Registrar's No. 7002

FILED AUG 23 1948
Registration District No. 318

Primary Registration District No. 1003

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-weeks (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Herbert A. Kopadt

3. (b) If veteran, name war World War #1 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Minnie L. 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Aug. 13 1896 (Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Creve Coeur Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name August Kopadt
13. Birthplace Creve Coeur Mo. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Niehaus
15. Birthplace Creve Coeur Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Minnie L. Kopadt

(b) Address Creve Coeur Mo.

17. (a) Burial (b) Date thereof 7-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cemetery

18. (a) Signature of funeral director Bannan Bros Inc

(b) Address 2504 Woodson Rd Overland-14-Mo.

19. (a) AUG 10 1948 (b) J. F. Bredick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Creve Coeur 0
(If outside city or town limits, write "RURAL")
(d) Street No. Craig Road 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 8
year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-4-48 19, to 8-8-48 19;
that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration ?

Due to _____
Due to Hb

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Gastroscopy Laparotomy
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) (e) Means of injury

23. Signature James P. Meador (M. D. or other)
Address 21 Central Date signed 8-9-48

76-2361

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 3454

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 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.