

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10283
State File No. 2748
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10283		Registrar's No. 2748			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2930a Lemp Avenue				d. STREET ADDRESS (If rural, give location) 2930a Lemp Avenue							
3. NAME OF DECEASED (Type or Print) LOUIS			a. (First)		b. (Middle)		c. (Last) KOOPMANN SR.		4. DATE OF DEATH (Month) (Day) (Year) March 26-1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 7-1886		9. AGE (In years, last birthday) 62		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Waterloo, Ill.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Clemens Koopmann				13b. MOTHER'S MAIDEN NAME Anna Dresler				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS 2930a Lemp Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 92.0						INTERVAL BETWEEN ONSET AND DEATH 2 hrs 15 yrs			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ 410 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 6-11 , 19 48 to 3-23 , 19 49 , that I last saw the deceased alive on 3-23 , 19 49 , and that death occurred at 5 a.m., from the causes and on the date stated above.											
23a. SIGNATURE J. S. [Signature] O.M.S.						23b. ADDRESS 2752¹ Cherokee			23c. DATE SIGNED 3-26/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 28-1949		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul		24d. LOCATION (City, town, or county) (State) Waterloo, Illinois					
DATE REC'D BY LOCAL REG. MAR 21 1949		REGISTRAR'S SIGNATURE J. B. [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE Wendell [Signature]		ADDRESS 1926 Allen Avenue			

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

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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.....

Me

Student Embalmer No.

working under my personal supervision.

Signed Berj. I. Duncan

Signed.....
Student Embalmer

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.