

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7448

FILED SEP 2 1949

No. 300
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BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY <u>Madison</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granite City</u>		d. STREET ADDRESS (If rural, give location) <u>W.R. - 2318 Delmar</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sha De Paul Hospt.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>August 26th 1949</u>					
3. NAME OF DECEASED (Type or Print) <u>Cora Emma Kopp</u>		a. (First)		b. (Middle)		c. (Last)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 19-1885</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>5</u>		IF UNDER 1 DAY Days <u>12</u>		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Baldwin Illinois</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>George Wehrheim</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Diemann</u>		14. NAME OF HUSBAND OR WIFE <u>William Kopp</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Kopp</u>		ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chr coronary heart disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>1 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>94a</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>420-1</u>					
22. I hereby certify that I attended the deceased from <u>Aug 17, 1949</u> to <u>Aug 26, 1949</u> , that I last saw the deceased alive on <u>Aug 22, 1949</u> , and that death occurred at <u>11A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Alvin Abel Jr M.D.</u>				23b. ADDRESS <u>4452 Maryland</u>		23c. DATE SIGNED <u>8-27-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1949 August 29</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Edwardsville Illinois</u>			
DATE RECEIVED LOCAL HEALTH DEPT <u>AUG 27 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Miller</u>		ADDRESS <u>Granite City Illinois</u>			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student,
Student Embalmer

Signed _____

Charles E. Mercer

Licensed Embalmer No. *2988*

P. O. Address *Trante City La*

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.