

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3427**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **291**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur		c. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur	
c. LENGTH OF STAY (In this place) 60 Yrs.		d. STREET ADDRESS (If rural, give location) Mosley & LaDua Rds.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mosley & LaDua Rds.			

3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) Samuel c. (Last) Kopadt			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Mar. 5, 1866		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY self			
13a. FATHER'S NAME Herman Kopadt		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Frieda Kopadt	
				ADDRESS Creve Coeur, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Corony occlusion		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 4/20/50		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Creve Coeur, Mo.	
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? 1	
22. I hereby certify that I attended the deceased from 2/2 , 19 50 , to 2/2 , 19 50 , that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Byron M. Bury			23b. ADDRESS 7533 Jopath, Clayton Mo.		23c. DATE SIGNED 2/3/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-50	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery		24d. LOCATION (City, town, or county) (State) Olivette, Mo.

DATE REC'D BY LOCAL REG. FEB 9 1950		REGISTRAR'S SIGNATURE Herbert A. Doube		25. FUNERAL DIRECTOR'S SIGNATURE Baumann Brothers Inc.	
				ADDRESS 2501-Hudson Rd-Overland-11-Mo.	

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

Wm. Bury on M. Bury

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 Cesar F. Mueller

Licensed Embalmer No. 30 39

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.