

No. 300
10-48

FILED OCT 5 1950

32205

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

KC 1488 117
Reg. 79515

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2232

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeff. Brks. Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>5857 Maple</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>EDGAR</u>	b. (Middle) <u>W.</u>	c. (Last) <u>KOPPEN</u>	(Month) <u>9</u>	(Day) <u>18</u>	(Year) <u>50</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/13/92</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Order Filler</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Charles Koppen</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Pauli</u>	14. NAME OF HUSBAND OR WIFE <u>Adelia Koppen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World I</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>V. A. HOSPITAL RECORDS</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Hypertensive cardiovascular disease due to hypertension of lesser circulation Cardiac insufficiency "corpulmonale"</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary fibrosis</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>None</u>	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) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9/21, 1949, to 9/18, 1950, that I lost care of the deceased ~~at the~~ 2:05 p.m., and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Stilwell M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>V.A. HOSP. JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>9/19/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-21-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>

DATE REC'D BY LOCAL REG. <u>9-20-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donike</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SOUTHERN FUNERAL HOME, St. Louis, Mo.</u>	ADDRESS _____
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

David Carl Jossan

Signed.....
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6022 So Grand*

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.