

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33560

REGISTRAR'S NO. 8606

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE St. Mo				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (In this place) 7-17-53 9-2-53		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital				d. STREET ADDRESS (If rural, give location) 15 2818 Osage				0	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA			b. (Middle) ELIZABETH			c. (Last) KOPFF			
4. DATE OF DEATH (Month) (Day) (Year) 9 2 53		5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Nov. 8 1888	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewer, Retired 2 yrs.			10b. KIND OF BUSINESS OR INDUSTRY Fulton Bag Co.			13a. FATHER'S NAME Anselm Husser			
13b. MOTHER'S MAIDEN NAME Elizabeth Graber			14. NAME OF HUSBAND OR WIFE Clemens Kopff, (deceased)			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. 489-05-1041			17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Komerous			ADDRESS 2819 Osage St.			
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* CARCINOMA of BREAST				INTERVAL BETWEEN ONSET AND DEATH 1952	
ANTECEDENT CAUSES Metastases to FEMOR-HOMEROS				DUE TO (b) _____				1952	
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Pathological Fract. FEMOR-HOMEROS				1952	
19a. DATE OF OPERATION 3-10-53		19b. MAJOR FINDINGS OF OPERATION Pathological Fracture Right HOMEROS				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		170X					
22. I hereby certify that I attended the deceased from MAR 6, 1953 , to Sept 2, 1953 , that I last saw the deceased alive on Sept 2, 1953 , and that death occurred at 9:00 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Joseph A. Lembeck, M.D. (Degree or title)				23b. ADDRESS 607 N. Grand, St. Louis		23c. DATE SIGNED 9-3-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5, 1953		24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. SEP 4 1953		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		ADDRESS 2842 Meramec St. St. Louis, 18, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

working under my personal supervision.

Student Embalmer No.....

Signed..... Joe S. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 84249

P. O. Address 2842 Menamex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.