

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40713

REC'D DEC 4 - 1953

State File No. _____
Registrar's No. 11264

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11264</u>			
1. PLACE OF DEATH a. COUNTY _____				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 OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3144a Ohio</u>				d. STREET ADDRESS (If rural, give location) <u>24 3144a Ohio</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>			b. (Middle) _____			c. (Last) <u>Kopf</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>II-25-53</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>			
8. DATE OF BIRTH <u>Feb. 15 1870</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brechtold</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZENRY OF WHAT COUNTRY? <u>Usa</u>		13a. FATHER'S NAME <u>Leopold Kopf</u>		13b. MOTHER'S MAIDEN NAME <u>Susanna Goth</u>			
14. NAME OF HUSBAND OR WIFE <u>Mary (Deceased)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-20-7317A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Kopf</u> ADDRESS <u>5019a Bancroft</u>			
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) <u>mitral claspant</u> ANTECEDENT CAUSES (b) <u>Ch Bronchitis</u> DUE TO (c) <u>Senility</u> 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>Yes</u> <u>Yes</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5021</u>		22. I hereby certify that I attended the deceased from <u>Jan 1 1953</u> to <u>11/25 1953</u> , that I last saw the deceased alive on <u>11-25 1953</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. J. Byrne M.D.</u> (Degree or title)		23b. ADDRESS <u>27529 Cherokee</u>		23c. DATE SIGNED <u>11-27-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
24b. DATE <u>11/28/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>		DATE REC'D BY LOCAL REG. <u>NOV 28 1953</u>			
REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm S. Schumacher</u>		ADDRESS <u>3013 Meramec</u>		S.P. (Licensed Embalmer's Statement on Reverse Side)			

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

Dr. Pyne
27528 CH
Wray

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

Jack Haupt

Licensed Embalmer No. 4746

P. O. Address Alford M

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.