

FILED MAY 5 1955

BIRTH NO. REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 4245 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY MONTGOMERY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY MONTGOMERY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-LOUTRE TWP		c. LENGTH OF STAY (in this place) 2 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-LOUTRE TWP 0700		d. STREET ADDRESS (If rural, give location) 3 mi. S.W. of Rhineland
3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) EVELYN c. (Last) KOPP			4. DATE OF DEATH (Month) (Day) (Year) APRIL 30 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPT-13-1948	9. AGE (In years last birthday) 6	10. UNDER 1 YEAR <input checked="" type="checkbox"/> MONTHS <input checked="" type="checkbox"/> DAYS <input checked="" type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOLAR	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) HERMANN MO 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME ALFRED L. KOPP.		13b. MOTHER'S MAIDEN NAME SIDONIA LINHARDT		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>	
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 ADDRESS ALFRED L. KOPP, Rhineland 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) left iliac tumor DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X				INTERVAL BETWEEN ONSET AND DEATH 2 wks. 1 yr.
19a. DATE OF OPERATION 8/24/54	19b. MAJOR FINDINGS OF OPERATION Nephroblastoma of left kidney			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Aug. 18 , 19 54 , to Apr. 30 , 19 55 , that I last saw the deceased alive on Apr. 29 , 19 55 , and that death occurred at 7:12 P m., from the causes and on the date stated above.					
23a. SIGNATURE W. D. 2 (Degree or title)			23b. ADDRESS Hermann, Mo		23c. DATE SIGNED May 2, 55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-3-1955	24c. NAME OF CEMETERY OR CREMATORY St. John's Lutheran Cem.	24d. LOCATION (City, town, or county) (State) OWENSVILLE R70. MO.		
DATE REC'D BY LOCAL REG. May 2, 1955	REGISTRAR'S SIGNATURE Mrs. Emma Bush		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hermann MO		

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 _____

Licensed Embalmer No. 3160

P. O. Address Merriam 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.