

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008931  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2642

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAR 14 1963**

VS 300  
Rev. 4/59

1

2 2059

3

4 1

5 Z

6

7 0

8 1

9

10

11

12 63-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Incarinate Word Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5915 McPherson Ave</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>SADIE L. KOPP</u>			4. DATE OF DEATH Month Day Year <u>March 4, 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/23/1873</u>
9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Farmington, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>C. B. Linthicum</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Pritchatt</u>		14. NAME OF HUSBAND OR WIFE <u>George Frederick Kopp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mr. Frances W. Mueller</u>		Address <u>408 Olive St. (2) Suite 302</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Veritonal</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2am</u>
DUE TO (b) <u>Regius of Ca of Stomach</u>			<u>20y</u>
DUE TO (c) <u>151X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Bronch</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>1962</u> to <u>3-4-63</u> and last saw her/him alive on <u>3-4-63</u> Death occurred at <u>8:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. Rinderson M.D.</u> (Degree or title)		22b. ADDRESS <u>1005 Pig Run</u>	22c. DATE SIGNED <u>3/5/63</u>
22e. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/6/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Three Rivers Baptist Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>
24. FUNERAL DIRECTOR <u>Alexander &amp; Sons</u>		ADDRESS <u>6175 Delmar Blvd</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 6 1963</u>
			26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Nathan Kimelman  
1005 Big Bend Blvd  
ST 1-3400

1:30 pm

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon S. Vedder

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar Blvd  
St. Louis 12, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.