S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Wm. E. Kopp

35810

State File No.

FILED DEC 9 1944

Registration District No. 9

Primary Registration District No. 1003

Registrar's No. 10261

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4751-a McMillan
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Anna C. Drumm

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive D years

7. Birth date of deceased July (Month) 8 (Day) 1885 (Year)

8. AGE: Years 59 Months 4 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Armbruster
13. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

MOTHER
14. Maiden name Anna Past
15. Birthplace St. Louis (City, town, or county) 0 Mo. (State or foreign country)

16. (a) Informant James O. Drumm
(b) Address 4751-a McMillan St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504 Woodson Overland Mo.

19. (a) DEC 1 1944 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1944 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from November 24 1944 to Nov 29 1944
that I last saw her alive on Nov 28 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ruptured Myocardium with Hemopericardium	24 hrs.
Due to: Anterior Infarct of Myocardium	5 days
Due to: Coronary Sclerosis Hypertension	Chronic
Other conditions (Include pregnancy within 3 months of death): Ch. Cholecystitis non calculous; Arteriosclerotic Kidneys	

Major findings:
Of operations
Of autopsy Verified above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M.D. or other) MD
Address 4868 Delmar Date signed 9/1/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. #3767

P. O. Address Overland 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.