S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 18218

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1059 Bethesda
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 1059 Bethesda 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME: IDA KOPMAN

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Louis Kopman

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 70			hr. ..... min.

9. Birthplace: Russia (City, town, or county) (State or foreign country)

10. Usual occupation: At home

11. Industry or business .....

FATHER
12. Name: Unknown
13. Birthplace: Russia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Russia (City, town, or county) (State or foreign country)

16. (a) Informant: Louis Kopman
(b) Address: 1059 Bethesda

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Chesed Shel Emeth Cem.

18. (a) Signature of funeral director: Herman Rindskopf, Inc.
(b) Address: 5216 Delmar Blvd.

19. (a) 2-20-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 18 year: 1948 hour: 8:30 minute: A.M.

21. I hereby certify that I attended the deceased from Feb, 1937 to 5/18, 1948, that I last saw b. alive on 5/17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	15 mins
Due to: Hypertension	8 years
Due to: [illegible]	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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: 634 N. Grand. Date signed: 5/18/48

Jefferson City Printing Co.

(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.....John Kettler.....

Licensed Embalmer No.....3880.....

P. O. Address.....

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.