

No. 300
10.48
FILED JUL 30 1949THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH25014
State File No. 6234
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 25014	
REGISTRAR'S NO. 6234					
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5715 Degiverville		d. STREET ADDRESS (If rural, give location) 5715 Degiverville			
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) Koppitz		c. (Last)	
4. DATE OF DEATH 7-16-1949					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married /		8. DATE OF BIRTH Sept. 16, 1875	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		11. BIRTHPLACE (State or foreign country) Chicago Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Albert Koppitz		13b. MOTHER'S MAIDEN NAME Barbara German		14. NAME OF HUSBAND OR WIFE Minnie Koppitz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-03-6503		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Koppitz 5715 Degiverville	
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intake of alcohol - June & July 12-1949 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 24 hr
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 122	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7:20	
22. I hereby certify that I attended the deceased from Jan 12, 1949, to July 16, 1949, that I last saw the alive on July 16, 1949, and that death occurred at 11:20 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. J. Brown M.D.		23b. ADDRESS 3905 Olive		23c. DATE SIGNED July 18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 18, 1949		24c. NAME OF CEMETERY OR CREMATORY Pacific Missouri	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Liz Muller 504 1/2 Elm St			
DATE REC'D BY LOCAL REGISTRY JUL 18 1949		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Liz Muller 504 1/2 Elm St	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed

Ronald J. J. J.
4217

Licensed Embalmer No. _____

Signed _____
Student Embalmer

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.