

FILED OCT 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. **35008**

Registrar's No. **8315**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1006**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>44</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		g. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights</b>	
		d. STREET ADDRESS (If rural, give location) <b>712 Francis Place</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>RALPH</b>	b. (Middle) <b>G.</b>	c. (Last) <b>KOPPEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Abt. 47</b>	9. AGE (In years last birthday) <b>Abt. 47</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Isaac Koppel</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Rosenfeld</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret B. Koppel</b>
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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.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. R. G. Koppel-712 Francis Pl.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>H2O1</b>
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22. I hereby certify that I attended the deceased from **Feb 4, 1948** to **9/30, 1950**, that I last saw the deceased alive on **9-30, 1950** and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Julius Elser</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>University Club Bldg.</b>	23c. DATE SIGNED <b>Sept. 1, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/2/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem. St. Louis, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 3 1950</b> <b>J B Salsola</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harman...</b>	ADDRESS <b>5216 Delmar</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*will*

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*John Kettes*  
.....  
Licensed Embalmer No. 3880  
.....  
P. O. Address.....

Signed.....  
Student Embalmer

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.