

FILED OCT 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35537

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2405

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>46</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7546 Byron Pl.</u>		d. STREET ADDRESS (If rural, give location) <u>7546 Byron Pl.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Morris</u>	b. (Middle)	c. (Last) <u>Kopit</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5-1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Florist</u>	11. BIRTHPLACE (State or foreign country) <u>Philadelphia, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benjamin Kopit</u>	13b. MOTHER'S MAIDEN NAME <u>Yetta Hirsch</u>	14. NAME OF HUSBAND OR WIFE <u>Jane Kopit</u>
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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) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jane Kopit-7546 Byron Pl.</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>4 yrs</u> <u>33 IX</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/16, 1940, to 10/5, 1950, that I last saw the deceased alive on 10/5, 1950, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Scheff M.D.</u>	(Degree or title)	23b. ADDRESS <u>457 N. Kingshighway</u>	23c. DATE SIGNED <u>10/6/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 7 1950</u>	REGISTRAR'S SIGNATURE <u>Edmond M D/ml</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman Rindskopf Sr.</u>	ADDRESS <u>5216 Delmar</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS OCT 7 1950
OCT 26 1950

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 Ketter
Licensed Embalmer No. 3880

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.