

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43897

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3131

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. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLORISSANT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FLORISSANT</u> <u>4051</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>333 WASHINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>333 WASHINGTON</u>			
3. NAME OF DECEASED a. (First) <u>FRANK</u>		b. (Middle) <u>L</u> c. (Last) <u>KOPPEL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24 1950</u>			
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>APRIL 12 - 1897</u>
9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MALLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNEMPLOYED</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LOUIS KOPPEL</u>		13b. MOTHER'S MAIDEN NAME <u>EMILLY MADDON</u>	
14. NAME OF HUSBAND OR WIFE <u>CATHERINE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-05-5849</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Koppel Jr.</u>		ADDRESS <u>333 Washington Monument</u>	
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) <u>Multiple Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>345 X</u>			
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?			
22. I hereby certify that I attended the deceased from <u>10-4</u> , 19 <u>49</u> , to <u>12-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-23</u> , 19 <u>50</u> , and that death occurred at <u>1:47 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Hayden M.D.</u> (Degree or title)		23b. ADDRESS <u>5899 Delmar</u>	
23c. DATE SIGNED <u>12/26/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 27-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>12/26/50</u>		REGISTRAR'S SIGNATURE <u>Harbert R. Donke</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>L. Mullen</u>		ADDRESS <u>5165 DELMAR BL</u>	

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

4001

5899
George 201

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.

Student _____
Student Embalmer

Signed J. Allen Morris Jr.
Licensed Embalmer No. 405-3

P. O. Address St. Louis

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.