

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1951

State File No. **11070**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **550**

1. PLACE OF DEATH a. COUNTY <b>St. Louis Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Airport Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH SANATORIUM</b>		e. STREET ADDRESS (If rural, give location) <b>5899 Bartmer Avenue</b>	

3. NAME OF DECEASED a. (First) <b>Dave</b> b. (Middle) _____ c. (Last) <b>Coppersmith</b>		4. DATE OF DEATH (Month) <b>Feb.</b> (Day) <b>28</b> (Year) <b>1951</b>	
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>Unknown</b>
9. AGE (In years last birthday) <b>Abt. 72</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	11. BIRTHPLACE (State or foreign country) <b>Russia</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Grocer</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Coppersmith</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Phil Coppersmith-5899 Bartmer</b>	ADDRESS <b>5899 Bartmer</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Parkinson's disease</b>		<b>Known since 4 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>491 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from August 15, 1947 to Feb. 28, 1951, that I last saw the deceased alive on Feb. 28, 1951, and that death occurred at 7:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Helga M. O. O</b>	(Degree or title)	23b. ADDRESS <b>Jewish Sanatorium Fee Fee Road, Robertson, Mo.</b>	23c. DATE SIGNED <b>2/28 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/1/51</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 REG. <b>3-1-51</b>	REGISTRAR'S SIGNATURE <b>Kenneth R. Dombke, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel R. ...</b>	ADDRESS <b>...</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

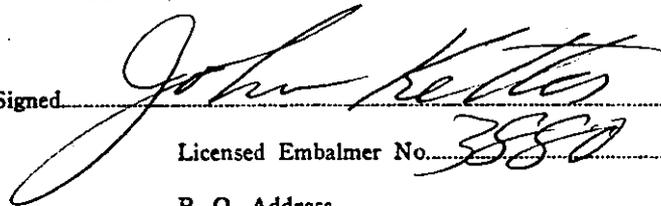
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



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.