

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11192

State File No. ....

FILED MAR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	c. LENGTH OF STAY (in this place) <u>40 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u> <u>4587</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>536 LAKE AVE</u>		d. STREET ADDRESS (If rural, give location) <u>567 LAKE AVE</u>	

3. NAME OF DECEASED (Type or Print) <u>DAVID GOODWIN KOPPLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-10-1952</u>		
a. (First)	b. (Middle)	c. (Last)			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>NOV. 18-1902</u>	9. AGE (In years last birthday) <u>49</u>	If UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECV.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HICKMAN CO.</u>	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>RICHARD KOPPLIN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA M. GOODWIN</u>	14. NAME OF HUSBAND OR WIFE _____
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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>No</u>	16. SOCIAL SECURITY NO. <u>494-05-1061</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS ANNA M. KOPPLIN</u> ADDRESS <u>WEBSTER GROVES</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEART FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Rt. Lung</u>		6 Mo.
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163X</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lung</u>	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) _____
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 12-15, 1951, to 2-10, 1952, that I last saw the deceased alive on 2-10, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Reginald Costello</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>2-12-52</u>
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24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>Feb-13-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD - MO</u>
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DATE REC'D BY LOCAL REG. <u>2-13-52</u>	REGISTRAR'S SIGNATURE <u>Harbert R. Dondos</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Aldrich</u> ADDRESS <u>WEBSTER GROVES MO</u>
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(Licensed Embalmer's Statement on Reverse Side) Wesley Aldrich MO

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

*Leslie Welch*

Licensed Embalmer No. *43955*

P. O. Address *Wabster Grove*

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.