

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**61-046525**

STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11911**

<b>1. PLACE OF DEATH</b> a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If outside, give location)	
St. Louis Jewish Hospital		Missouri St. Louis 220 N.Kingshighway	

<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last SAM KOPLAR	<b>4. DATE OF DEATH</b> Month Day Year DECEMBER 18th, 1961
--	--

<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> 7/4/88	<b>9. AGE</b> (last birthday) 73	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>IF UNDER 24 HR</b> Hours Min.
-----------------------	----------------------------------	---	-----------------------------------	-------------------------------------	--	-------------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) President	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Hotel Corp.	<b>11. BIRTHPLACE</b> (City and state or country) St. Louis Missouri	<b>12. CITIZEN OF WHAT COUNTRY</b> U.S.A.
---	---	---	--

<b>13a. FATHER'S NAME</b> Berl Koplar	<b>13b. MOTHER'S MAIDEN NAME</b> Rose Schwartz	<b>14. NAME OF HUSBAND OR WIFE</b> Jeanette Koplar
--	---	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) Unk.	<b>16. SOCIAL SECURITY NO.</b> Unk	<b>17. INFORMANT</b> Mrs. J. Koplar 220 N.Kingshighway
--	---------------------------------------	---

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarct</u> DUE TO (b) _____ DUE TO (c) _____ 4201	<b>INTERVAL BETWEEN ONSET AND DEATH</b> one day
--	--

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	---

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
--	--	---

<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
---	--	---	--

<b>21. I attended the deceased from</b> <u>Dec. 16th 1961</u> to <u>Dec. 18th 1961</u> and last saw him alive on <u>Dec. 18th 1961</u> Death occurred <u>8:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

<b>22a. SIGNATURE</b> [Signature] (Degree or title)	<b>22b. ADDRESS</b> M.D. 4500 Olive; St. Louis 8, Mo.	<b>22c. DATE SIGNED</b> 12-19-61
--	--	-------------------------------------

<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) Removal	<b>23b. DATE</b> 12/20/61	<b>23c. NAME OF CEMETERY OR CREMATORY</b> Mt. Sinai Cemetery	<b>23d. LOCATION</b> (City, town, or county) (State) St. Louis County Missouri
---	------------------------------	---	---

<b>24. FUNERAL DIRECTOR</b> Herman Rindskopf Inc. 5216 Delmar	<b>25. DATE RECD. BY LOCAL REG.</b> DEC 20 1961	<b>26. REGISTRAR'S SIGNATURE</b> [Signature] M.D.
--	--	--

DATE PREPARED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John Keller*

Licensed Embalmer No. 3880

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.