MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38593

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. .....

Registered No. 10991

2. FULL NAME Rose Kaplan

(a) Residence. No. 5954 Bartmer Ave. St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Kaplan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	84			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

PARENTS

10. NAME OF FATHER Harry Wapelman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER Sarah Wapelman (Mrs)

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Russia

14. INFORMANT Sam Kaplan
(Address) 5954 Bartmer Ave.

15. FILED NOV 11 1929 Max C Starkey
REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 — 9 1929

17. I HEREBY CERTIFY, That I attended deceased from 9 — 17, 1929, to 11 — 9, 1929 that I last saw her alive on 11 — 9, 1929, and that death occurred, on the date stated above, at 11.50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fracture neck of rt. femur, fall down stairs at home accident

186A
194B
153B

(duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (SECONDARY) Decubitus — auricular fibrillation (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At home 5954 Bartmer

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray

(Signed) C T Eckert, M. D.

, 19 (Address) Jewish Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Chesed Shel Emeth	Nov. 11 1929
20. UNDERTAKER	ADDRESS
H. Rindskopf	5216 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

262

23