

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

Do not use this space.

✓ 27985
File No. _____
Registered No. **7868**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **Jewish Hosp.**)

2. FULL NAME

Louis Kaplan
(a) Residence, No. **1411 Carr** St. **25** Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Leah Kaplan**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 16-1871**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **61 2 12**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Proprietor**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Delicatessen**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**
FATHER 13. NAME **Freum Kaplan**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**
15. MAIDEN NAME **Goldie Rachel**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT **Sam Schreiber**
(ADDRESS) **62 61 Calumet Ave**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Omen** DATE **Aug 29 1932**
19. UNDERTAKER **H. B. Berger**
(ADDRESS) **4916 McKelvey Ave**
20. FILED **JUG 29 1932** **M. Stark** Registrar.

MEDICAL CERTIFICATE OF DEATH

4
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 28 1932**
22. I HEREBY CERTIFY, That I attended deceased from **8/12/1932 to 8/28/1932**
I last saw him alive on **8/28/1932** Death is said to have occurred on the date stated above, at **11:45** m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of distal end of Esophagus & part of Stomach
Date of onset **4/6/32**
Other contributory causes of importance: **Heart Failure and Pulmonary Edema**
Name of operation **Gastrostomy** Date **8/15/32**
What test confirmed diagnosis? **ye. s.** Was there an autopsy? **N. A.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **Carl Oberster** M. D.
(Address) **Jewish Hospital**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

