

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

OCT 5 1936

791
1003

36198

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. 5102) W. P. Keble St. Ward

File No.....
 Registered No. 9844
 St. Ward

2. FULL NAME

Berl Kopljar
 (a) Residence, No. 5222 Page St. 5 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

| | | |
|---|---|--|
| <p>3. SEX <u>male</u></p> | <p>4. COLOR OR RACE <u>white</u></p> | <p>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u></p> |
| <p>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Kopljar</u></p> | | |
| <p>6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>ab 75</u></p> | | |
| <p>7. AGE YEARS MONTHS DAYS</p> | | <p>If LESS than 1 day, hrs. or min.</p> |
| OCCUPATION | <p>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Jobber Mase</u></p> | |
| | <p>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u></p> | |
| | <p>10. Date deceased last worked at this occupation (month and year)</p> | <p>11. Total time (years) spent in this occupation</p> |
| <p>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kiev U.S.S.R.</u></p> | | |
| FATHER | <p>13. NAME <u>Unknown</u></p> | |
| | <p>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u></p> | |
| MOTHER | <p>15. MAIDEN NAME <u>unknown</u></p> | |
| | <p>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u></p> | |
| | <p>17. INFORMANT (ADDRESS) <u>Mrs Mary Levinson 5222 Page</u></p> | |
| | <p>18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beth Ham Hag</u> DATE <u>9/29/ 36</u></p> | |
| | <p>19. UNDERTAKER (ADDRESS) <u>St. Berger 4715 Mc Johnson</u></p> | |
| | <p>20. FILED <u>SEP 29 1936</u> <u>J. Bredeck</u> Registrar.</p> | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-28 1936

I HEREBY CERTIFY, (That I attended deceased from Sept- 1936, to Sept-28 1936
 I last saw him alive on September 28, 1936 Death is said to have occurred on the date stated above, at 11:50 p.
 The principal cause of death and related causes of importance were as follows:
Myocarditis - Chronic
Arterio sclerosis
Pulmonary oedema **93C**
 Other contributory causes of importance:
Acute - Gall Bladder - Cholecystitis probably stone

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. P. Probst, M. D.
 (Address) St. Louis, Mo.

