

MAY 7 1937

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

Do not use this space.

14615

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **4111**

City *St. Louis*

(No. *Barnes*, Hospital)

St. Ward)

2. FULL NAME *Doris Marion Kaplan*

(a) Residence, No. *4521^a Flora* St., *17* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-18*, 19*37*

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

22. I HEREBY CERTIFY, That I attended deceased from *4-15* 19*37*, to *4-18* 19*37*

I last saw her alive on *8:30 am* *4-18* 19*37*. Death is said to have occurred on the date stated above, at *8:30* a.m.

The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 24, 1906*
7. AGE YEARS *30* MONTHS *7* 8 DAYS *24*
If LESS than 1 day, hrs. or min.

Cardiac Embolism
myocardial
operation for cystic Ovary
iron indigestion

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

Other contributory causes of importance:
139 a

12. BIRTHPLACE (CITY OR TOWN) *Kishineff*
(STATE OR COUNTRY) *Roumania*

Name of operation..... Date of *April 15-1937*

13. NAME *Max Diamond*
14. BIRTHPLACE (CITY OR TOWN) *Bessarabia*
(STATE OR COUNTRY) *Roumania*

What test confirmed diagnosis?..... Was there an autopsy? *NO*

15. MAIDEN NAME *Cecelia Bindersky*
16. BIRTHPLACE (CITY OR TOWN) *Bessarabia*
(STATE OR COUNTRY) *Roumania*

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.

17. INFORMANT *Irvin Kaplan*
(ADDRESS) *4521 a Flora*

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Bnai Amora* DATE *4/20/37* 19.....

24. Was disease or injury in any way related to occupation of deceased? *NO*
If so, specify

19. UNDERTAKER *W. B. Berger*
(ADDRESS) *4715 Meigs*

(Signed) *Wissel C. Stover*, M. D.
(Address) *105 West 15th St. St. Louis, Mo.*

20. REGISTRAR *J. Bredeck*

APR 19 1937

This certificate may be properly classified. Exact statement of OCCUPATION is very important.

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