

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

Do not use this space.

MAY 31 1937
1. PLACE OF DEATH
96 County St. Louis

Registration District No. 489
Primary Registration District No. 6033
Enroute to Doctor's Office

File No. 17554
Registered No. 118
St. 9 Ward

2. FULL NAME SAMUEL COOPERMAN
(a) Residence, No. 6255 Delmar St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1891
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 46 3 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Constable
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1937
22. I HEREBY CERTIFY, That, I attended deceased from 3/31, 1936, to 3/25, 1937
I last saw him alive on 3/25, 1937. Death is said to have occurred on the date stated above, at 7:00 A. m.
The principal cause of death and related causes of importance were as follows:

Coronary artery disease Date of onset 3/36
Chronic myocarditis
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania
13. NAME Joseph Cooperman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania
15. MAIDEN NAME Rose (unk)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roumania
17. INFORMANT H. Cooperman (ADDRESS) 5347 Chippewa
18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shol DATE 4/15/37
19. UNDERTAKER (ADDRESS) W. G. Berger
4715 McSheran
20. FILED 4-15-37 1937 W. A. Bachner Registrar.

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No
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? No
If so, specify
(Signed) W. G. Berger, M. D.
(Address) 1027 Mc Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

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