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.

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

Do not use this space.

1. PLACE OF DEATH JUN 12 1937

County ..... Registration District No. 791 File No. 18295

Township ..... Primary Registration District No. 1003 Registered No. 4871

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

2. FULL NAME Isaac L. Kopman

(a) Residence, No. 717 Interdrive St., NR Ward. U. City Mo.
(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: Ida Kopman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17-1872

7. AGE: YEARS 64 | MONTHS 9 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

FATHER
13. NAME: Harry Kopman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER
15. MAIDEN NAME: Bertha Crammin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): Sam. Kopman 717 Interdrive

18. BURIAL, CREMATION, OR REMOVAL: Chesed Shel Emeth
PLACE ..... DATE 5-1937 19

19. UNDERTAKER (ADDRESS): 5216 Delmar H. Rindskopf

20. FILED MAY 13 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1927, 19..., to May 12, 1937

I last saw him alive on May 11, 1937 Death is said to have occurred on the date stated above, at 4:00 a.m.

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

	Date of onset
Arterio sclerotic gangrene	4 days
feet	ago

Other contributory causes of importance:

Diabetes	18 yrs
arteriosclerosis	10 yrs
Nephrosclerosis	10 yrs

Name of operation Nerve Block Date of Apr 1937

What test confirmed diagnosis? Many Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury None 19...
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

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

(Signed) Chas W Miller, M. D.
(Address) 835 Missouri Bldg
St Louis Mo