

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

Do not use this space.

SEP 10 1937

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1008

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1. PLACE OF DEATH

County
Township
City ST. LOUIS (No. ✓)

Registration District No.
Primary Registration District No.

File No.
Registered No. 7834
St. Ward)

2. FULL NAME Sophie Kunin

(a) Residence, No. 303 Union St. 12 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) 8/19 1937.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kunin

22. I HEREBY CERTIFY, That I attended deceased from 10/2 1936 to 8/19/ 1937.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNK

I last saw h. or l. alive on 8/19 1937. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ABT. 61

to have occurred on the date stated above, at 7:30 P.m.

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

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

Carcinoma of rectum Date of onset Sept 1936

Other contributory causes of importance: Bronchopneumonia
Pulmonary edema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mohilev U.S.S.R.

Name of operation Transverse Colostomy Date of Nov. 5, 1936

What test confirmed diagnosis? Was there an autopsy? No.

13. NAME Peter Kopolow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

15. MAIDEN NAME Jochored Margulis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.S.R.

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 William Kunin (ADDRESS) 303 Union

Manner of injury f

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 8/20/37

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

19. UNDERTAKER H.B. Berger (ADDRESS) 4715 McPherson

(Signed) Max Juremberg M. D.

(Address) JEWISH HOSP.

20. FILED AUG 20 1937 J. Beedeck Registrar.

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.

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