

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.

OCT 14 1937

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

791

1008

32240  
Do not use this space.

Registered No. 8294

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. Jewish Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 33 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 36 yrs. mos. ds.

2. PRINT FULL NAME Max Kaplan

(a) Residence, No. 5622 a Etzel St. 5  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
ab 58

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

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

FATHER 13. NAME Paul Kaplan

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

MOTHER 15. MAIDEN NAME Ida (unk)

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

17. INFORMANT Louis Hammerman (ADDRESS) 8530 Park Lane

18. BURIAL, CREMATION, OR REMOVAL Hevre kedisha PLACE DATE 9/3/37

19. FUNERAL DIRECTOR H. B. Berger (ADDRESS) 4715 2nd St. St. Louis

20. FILE SEP 3 1937 J. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from August 31st 1937, to September 3rd 1937  
I last saw him alive on September 3rd 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Hypertension  
Pulmonary Edema  
Generalized Arteriosclerosis  
Heart Failure

Date of onset

9/3/379/3/379/3/37

Other contributory causes of importance:

Chronic Nephritis  
Hypertensive Heart Disease  
Uremia

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify David Rothman (Signed) J. Bredeck, M. D.  
(Address) Jewish Hospital

STATEMENT BY LICENSED EMBALMER

I, Lawrence J. Dirven, Licensed Embalmer No. 3988  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lawrence J. Dirven  
Licensed Embalmer No. 3988

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**