

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

501-2-20-37 I X12004

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.

REC'D JUL 12 1938

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

20637
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis (d) Street No. 5946 Kingsbury 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 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 31 yrs. mos. ds.

Registration District No.
Primary Registration District No.
Registered No. 5776

781
1008

2. PRINT FULL NAME

Louis Kopolow
(a) Residence, No. 5946 Kingsbury 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Kopolow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2, 1878</u>				
7. AGE	YEARS <u>60</u>	MONTHS <u>2</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Real Estate</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Mgmt.</u>			
	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) <u>Mohilev U.S.S.R.</u>				
FATHER	13. NAME <u>Paul Kopolow</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.S.R.</u>			
MOTHER	15. MAIDEN NAME <u>Jocheved Margulis</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U.S.S.R.</u>			
17. INFORMANT <u>Mrs. Bertha Kopolow</u> (ADDRESS) <u>5946 Kingsbury</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ChesedShelEmeth</u> DATE <u>6/29</u> , 19 <u>38</u>				
19. FUNERAL DIRECTOR <u>H. B. Berger</u> (ADDRESS) <u>4715 McPherson</u>				
20. FILE <u>JUN 27 1938</u> <u>J. B. Budick</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 26, 1938</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>May 15</u> , 19 <u>38</u> , to <u>May 26</u> , 19 <u>38</u> I last saw him alive on <u>May 25</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>1-9</u> p.m. The principal cause of death and related causes of importance were as follows: <u>lung cancer of the lungs</u> Other contributory causes of importance: <u>H/A/D</u>	
Name of operation Date of What test confirmed diagnosis? Was there an autopsy? <u>no</u>	
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? <u>no</u> If so, specify <u>Albert E. Toussy</u> , M. D. (Signed) <u>Albert E. Toussy</u> (Address) <u>4500 Olive St.</u>	

STATEMENT BY LICENSED EMBALMER.

H.I. Berger

6/26/38

Licensed Embalmer No. 1597

I, H.I. Berger, hereby certify that the body recorded on the reverse side of this certificate was ~~performed by~~

L. E.

No. or by working under my personal supervision.

Handwritten signature: H.I. Berger

Signed H.I. Berger Licensed Embalmer No. 1597

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.)