

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

34533  
Do not use this space.

RECD NOV 21 1938  
PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. 4140 Holmes 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 yr yrs. mo mos. ds ds. (f) How long in U. S., if of foreign birth? yr yrs. mo mos. ds ds.

2. PRINT FULL NAME Ben Topper  
 (a) Residence, No. 4140 Holmes St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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 Anna Topper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retail Shoes  
 10. Date deceased last worked at this occupation (month and year) June 27, 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Isaac Topper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Jennie - York

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Anna Topper 4140 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel DATE 10-4-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Louis Funeral Home 3400 Woodland Ave

20. FILED Oct 4 1938 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3-38

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 38 to Oct 3 38  
 I last saw him alive on Sept 30 38 Death is said to have occurred on the date stated above, at 1:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

Myocardial infarction  
1 heart  
95%  
 Date of onset  
 Other contributory causes of importance:  
Arteriosclerotic Fibillation

Name of operation Autopsy Date of 10-3-38  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? \_\_\_\_\_  
 (Signed) Paul Carberry M. D.  
 (Address) 714 Bryant St. St. Louis

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**