

30 1938

NOV 4 1938

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

36859  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township 1 Primary Registration District No. 115  
 (c) City University (d) Street No. 721 Interdrive Registered No. 1762  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Adela Karpf  
 (a) Residence, No. 721 Interdrive 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
58 9 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) Lemberg Poland

FATHER 13. NAME Alexander Schweitzer  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lemberg Poland

MOTHER 15. MAIDEN NAME Caroline (unk)  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lemberg Poland

17. INFORMANT Louis Karpf  
 (ADDRESS) 7287 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Bnei Amoona DATE 10/30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Berger  
4715 McPherson

20. FILED OCT 30 1938 G. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1938

22. HEREBY CERTIFY, That I attended deceased from December, 1937, to Oct. 27, 1938  
 I last saw him alive on Oct 27, 1938 Death is said to have occurred on the date stated above, at 6:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary thrombosis, acute Date of onset  
Pulmonary edema  
Other contributory causes of importance  
Old coronary thrombosis  
1937

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? no  
 If so, specify old pulmonary M. D.  
 (Signed) G. R. Meyer  
 (Address) 4500 Almi St.

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**

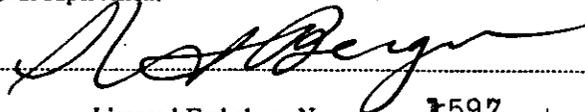
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

H. I. Berger .....

, or by .....

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

Signed.....



Licensed Embalmer No. 1597 .....

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.**