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.

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

REC'D MAR 13 1939

791 1003 791 1003

Do not use this space.

4302

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 995

Township ..... Primary Registration District No. ..... Registered No. .....

~~City~~ St. Louis Missouri (No. Jewish Hospital St. ..... Ward)

2. FULL NAME 140 Baby Boy Kopolow

(a) Residence, No. ~~Jewish Hospital~~ St., 11 Ward.
(Usual place of abode) 4355 Evans (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

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-'39

7. AGE: Stillborn

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 0

FATHER

13. NAME Harry Kopolow 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe 7

MOTHER

15. MAIDEN NAME Fay Moskowitz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

17. INFORMANT (ADDRESS) Harry Kopolow 4355 Evans

18. BURIAL, CREMATION, OR REMOVAL
PLACE CHESED SHEL EMETH DATE 2-1 1939

19. UNDERTAKER (ADDRESS) H. B. BERGER 4715 McPHERSON

20. FILED FEB 1 1939 19 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 1939 to 1939

I last ~~saw h~~ ~~alive on~~ Stillborn ..... 19..... Death is said to have occurred on the date stated above, at 507 h.

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

	Date of onset
PROLAPSE UMBILICAL CORD.	

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? 1

If so, specify .....

(Signed) William Berman, M. D.

(Address) 216 S. Kingshighway

no Embalming
H. J. Berger
#1597