

REC'D MAR 13 1939

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

5138

Do not use this space.

1831

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No.....  
 (c) or City..... St. Louis..... (d) Street No. 5827a Terry..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME <sup>152</sup> Bertha Chopnick (also known as Brocha Chopnick)

- (a) Residence, No. 5827a Terry St. 6 (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 Morris Chopnick				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1886				
7. AGE	YEARS 53	MONTHS 0	DAYS 14	If LESS than 1 day, ..... hrs. or ..... min.
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) Poland 17				
FATHER	13. NAME Sigmund Spokener 7			
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Poland 7			
MOTHER	15. MAIDEN NAME Rachel Galansky 1			
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Poland			
17. INFORMANT Dave Herzfeld (ADDRESS) 5827a Terry				
18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 2/26 1939				
19. FUNERAL DIRECTOR (NAME) H. B. Berger (ADDRESS) 4715 McPherson				
20. FILED FEB 26 1939 <i>J. B. Brudich</i> Local Registrar				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/6 1938 to 2/24 1939  
 I last saw her alive on 2/24 1939 Death is said to have occurred on the date stated above, at 10:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
 Carcinoma - U. ovary Sept 1938  
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Biopsy 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 (Signed) *John C. Cohen*, M. D.  
 (Address) *John C. Cohen*

(Licensed Embalmer's Statement on Reverse Side)

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, ~~and~~.....

HERBERT T. BERGER

Registered Apprentice No. ....

~~working under my personal supervision.~~

Signed.....



Licensed Embalmer No. 1597

P. O. Address St. Louis, Mo

**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.**