

WHITE PRINTING USE OBTAINING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

20804

5648

Registration District No.

1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Jewish Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Helena Kaplan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color of race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Sam Kaplan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Not Known  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>about 69</u>				hr. min.

9. Birthplace Luthania  
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Rubin Denbo  
 { 18. Birthplace Luthania  
 { 14. Maiden name unknown  
 { 15. Birthplace Luthania  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert Kaplan

(b) Address 5520 Pershing Ave.

17. (a) Burial (b) Date thereof June 27-39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. Rindorff

(b) Address 5216 Delmar

19. (a) JUN 27 1939 (b) J. P. Brudeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 1.12  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5520 Pershing  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th  
 year 1939 hour 7:00 minute 11:11 M.

21. I hereby certify that I attended the deceased from Sept 1934  
June, 1939, to June 26, 1939;  
 that I last saw h. alive on June 24, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
 Due to arterio-sclerosis

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_  
 23. Signature Carl J. Cere (M. D. or other) \_\_\_\_\_  
 Address 3604 Washington Date signed 6-26-39

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**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 *B. W. Cooper*.....

Licensed Embalmer No. *3830*.....

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.**