No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26812

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6708

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 7

(If outside city or town limits write "RURAL")

(d) Street No. 1438 E. Grand

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years years.

3. (a) PRINT FULL NAME Hannah Kopman Carlie 640

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Fallek Carlie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years about 78 Months Days If less than one day hr. min.

9. Birthplace Volhynia (City, town, or county) Russia 7 (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Mordecai (unk)

13. Birthplace Russia (City, town, or county) 7 (State or foreign country)

MOTHER

14. Maiden name Chai Taube

15. Birthplace Russia (City, town, or county) 7 (State or foreign country)

16. (a) Informant Mrs. Harry Kopman

(b) Address 4660 Wilcox

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/7/40 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H B Berger

(b) Address 4715 Mc Pherson

19. (a) AUG 7 1940 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1940 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1940, to Aug 6, 1940; that I last saw her alive on Aug 6, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to

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? (Specify type of place)

While at work (e) Means of injury

23. Signature B. J. Glasberg (M. D. or other)

Address 3903 Olive St. Date signed 8/7/40

(Licensed Embalmer's Statement on Reverse Side)

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. 1599

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.