

No. 2
-13-40
-17-39
X23159

FILLED OCT 18 1941

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 7737

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5621 Pershing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 45 yrs 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5621 Pershing
(If rural, give location)
Citizen
(e) If foreign born, how long in U. S. A.? 60 A years.

3. (a) PRINT FULL NAME Etta Caplan

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 married
6. (b) Name of husband or wife Abraham Caplan 6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased ab July 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ab 76 2 hr. min.

9. Birthplace Kiev 1 Russia
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name (unk) Cooperman
13. Birthplace 1 Russia
(City, town, or county) (State or foreign country)
14. Maiden name (unk)
15. Birthplace 1 Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Miss. Dorothy Caplan
(b) Address 5621 Pershing

17. (a) burial (b) Date thereof 9/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Mt Sinai

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) SEP 25 1941 (b) J. J. Bedeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 25
year 1941 hour 8:00 minute A M.

21. I hereby certify that I attended the deceased from Jan 15, 1938, to Sept 25, 1941,
that I last saw her alive on Sept 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis
Duration 5 yrs

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy none
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) (e) Means of injury _____

23. Signature M. R. Horwitz (M. D. or other) 0
Address 5855 Waterman Date signed 9/25/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

20
17
9

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. 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, fact should be so stated above.