

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.

FILED NOV 23 1942

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

Do not use this space.

35549

1. PLACE OF DEATH  
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17  
9  
 City St. Louis (No. 1003)  
 Registration District No. 3139  
 Primary Registration District No. 1003  
 File No. \_\_\_\_\_  
 Registered No. 9475  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bessie R. Kaplan  
 (a) Residence, No. 706 Syracuse St. \_\_\_\_\_ Ward \_\_\_\_\_  
University City, Mo.  
 (Usual place of abode)  
 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. ? 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 10 ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home Soc. Sec. #497-03-3969B

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No Army Naturalized Citizen

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Kaunas  
(STATE OR COUNTRY) Lithuania13. NAME Sholom Ukman14. BIRTHPLACE (CITY OR TOWN) Lithuania  
(STATE OR COUNTRY)15. MAIDEN NAME Rose Bennish16. BIRTHPLACE (CITY OR TOWN) Lithuania  
(STATE OR COUNTRY)17. INFORMANT M. J. Kaplan  
(ADDRESS) 706 Syracuse18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Ham Hag DATE 11/13/4219. UNDERTAKER Berger Memorial  
(ADDRESS) 4715 McPherson20. FILED 13 1942 19 J. F. Bredbeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/11 1942

22. I HEREBY CERTIFY, That I attended deceased from 7/18 1929 to 11/11 1942  
 I last saw him alive on 11/11 1942 Death is said to have occurred on the date stated above, at 8:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Act. Sc. Heart Dis.  
Acute Pulmonary Edema  
GI  
 Other contributory causes of importance: Arterio Sclerosis + 13 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

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) Arthur E. Strass, M. D.  
 (Address) 538 N. Grand

(STRAUSS)

I, hereby certify that the body whose name is recorded  
on the reverse side of this certificate was embalmed by me.

  
\_\_\_\_\_  
1547  
\_\_\_\_\_