

Rev. 5-17-39
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MAY 18 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1144

1. PLACE OF DEATH:
(a) County... St. Louis
(b) City or town... Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sullivan Nursing Home, 3715 St. Ann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 15 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County...
(c) City or town... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No... 1447 Arlington
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME... VLADIMIR KAPLUN
3. (b) If veteran, name war... No 3. (c) Social Security No... No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month... May day... 13th
year... 1943 hour... 9 minute... 30 P. M.

4. Sex... male 5. Color or race... white
6. (a) Single, widowed, married, divorced... married
6. (b) Name of husband or wife... Miriam Kaplun
6. (c) Age of husband or wife if alive... (unk) years
7. Birth date of deceased... July 13 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/28/43 19... to 5/13 1943
that I last saw him alive on 5/11/43 19...
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>10</u>	<u>0</u>	hr. ... min.

Immediate cause of death... Broncho-pneumonia
Duration... 2 weeks

9. Birthplace... Rostov-on-Don Russia 6
(City, town, or county) (State or foreign country)

Due to...
Due to...
Other conditions... Hodgkins disease
(Include pregnancy within 3 months of death)

10. Usual occupation... Confectioner, retail

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

11. Industry or business...
MOTHER FATHER { 12. Name... Jacob Kaplun
13. Birthplace... Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name... Esther (unk)
15. Birthplace... Russia 6
(City, town, or county) (State or foreign country)

Major findings:
Of operations...
Of autopsy... 107

16. (a) Informant... Mrs. Miriam Kaplun
(b) Address... 1447 Arlington

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?

17. (a) burial (b) Date thereof... 5/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation... Chesed Shel Emeth

While at work... (Specify type of place) (Means of injury)
23. Signature... [Signature] (M. D. or other)
Address... 4500 Olive St. St. Louis Date signed 5/14/43

18. (a) Signature of funeral director... Berger Memorial
(b) MAY 16 1943 4715 McPherson

19. (a) (Date received local registrar) (b) [Signature]
(Registrar's signature)

23. Signature... [Signature] (M. D. or other)
Address... 4500 Olive St. St. Louis Date signed 5/14/43

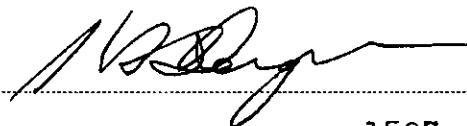
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 20 1943

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.