

FILED SEP 30 1948

Primary Registration District No. 1003

Registrar's No. 8094

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:
Jewish Hosp. of St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether _____)
In this community 38 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1370 Clara Ave
(If rural, give location)
(e) Citizen of foreign country? Alien (Yes or No)
If yes, name country Russia

3. (a) PRINT FULL NAME

Samuel Kaplan

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

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Kaplan
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 15
If less than one day hr. 1 min. 54

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

10. Usual occupation Buyer dealer

11. Industry or business scrap metal

12. Name Solomon Kaplan

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

14. Maiden name Ida Altman

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

16. (a) Informant Harry Kaplan

(b) Address 1415 Clara

17. (a) Burial (b) Date thereof 9/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mc. Pherson

19. (a) SEP 21 1944 (b) J. H. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1944 hour 4 minute 40 PM.

21. I hereby certify that I attended the deceased from Sept. 2, 1944
_____, 19____, to Sept. 20, 1944
that I last saw him alive on 9/20/44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative pneumonia
Duration 8 days

Due to Operative operation for Primary Carcinoma of the Breast
Due to _____

Other conditions (Include pregnancy within 3 months of death) HO F

Major findings:
Of operations Large Carcinomatous Mass infiltrating Lower Chest
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?

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Alvin Goldfarb, M.D. or other _____
Address Jewish Hospital Date signed 9/21/44

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

STATEMENT BY LICENSED EMBALMER

1000

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.