

Registration District No. **318** Primary Registration District No. **1003**

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 Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME Harry Kopolow Kopolow
 (b) If veteran, name war no
 (c) Social Security No. 498-07-0526

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Fanny Kopolow 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years about 53 Months _____ Days _____ If less than one day _____
hr. min.

9. Birthplace Mohilev U.S.S.R.
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter

11. Industry or business _____

12. Name Gershon Kopolow
 13. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

14. Maiden name Asha (unk)
 15. Birthplace U.S.S.R.
(City, town, or county) (State or foreign country)

16. (a) Informant S. Kopolow
 (b) Address 5719 Waterman

17. (a) burial (b) Date thereof 1/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hevre Kedisha Berger Memorial

18. (a) Signature of funeral director 4715 McPherson ave.
 (b) Address _____

19. (a) JAN 9 1945 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

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. 5826 Theodosia
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
 year 1945 hour 3 minute 00 A.M.
 21. I hereby certify that I attended the deceased from 1-6-45
 _____, 19____, to 1-8-45, 19____
 that I last saw him alive on 1-8, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
 Due to coronary arteriosclerosis

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____ (b) Means of injury _____
 23. Signature David Feldman (M. D. or other) MD
 Address Jewish Hospital Date signed 1/8/45

Duration 1 hour
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

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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..... *[Handwritten Signature]*

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.