

S. No. 2
M-8-43
v. 5-17-39
X37823

15267

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 4 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4478

1. PLACE OF DEATH:
 (a) County St. Louis
 (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.
 In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4628a Evans 11
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME MORRIS H. KAPLAN
 3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 21
 year 1945 hour 5 minutes 45 A.M.
 21. I hereby certify that I attended the deceased from May 24 1945 to May 28 1945
 that I last saw him alive on May 20 1945
 and that death occurred on the date and hour stated above

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Dora Kaplan
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Unknown
 (Month) (Day) (Year)

Immediate cause of death: Arterio-sclerotic Cardiovascular disease
 Duration 18 miles

8. AGE: Years About 74 Months Days If less than one day hr. min.

Due to
 Due to
 Other conditions: Pleural Effusion (left) 1 inch
 (Include pregnancy within 3 months of death)

9. Birthplace Russia
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired
 11. Industry or business Shoe Jobber
 12. Name Unknown
 13. Birthplace Russia
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Russia
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ely Kaplan
 (b) Address 4628a Evans Ave.
 17. (a) Burial (b) Date thereof May 22 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation B'nai Amoona Cem.
 18. (a) Signature of funeral director H. Rindler
 (b) Address 5216 Delmar Blvd.
 19. (a) MAY 21 1945 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

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)
 (c) Means of injury
 23. Signature Sister Julia S. (M. D. or other) M.D.
 Address 4628 N. Taylor Date signed 5/24/45

(Licensed Embalmer's Statement on Reverse Side)

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

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MOTHER FATHER

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..... *H. P. Burgess*
Licensed Embalmer No. *4029*
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.