

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 16 1946  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 25438  
Registrar's No. 5891

Registration District No. Primary Registration District No. 1003 Registrar's No. 5891

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. (Specify whether  
In this community years, months or days)

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased June 18, 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 0 18 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Theatre operator

11. Industry or business

MOTHER FATHER  
12. Name Berl Koplar  
13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Schwartz  
15. Birthplace Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elsie Probstern  
(b) Address 6304 Westminster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-46  
(Month) (Day) (Year)  
(c) Place: burial or cremation B'nai Amoona Cemetery

18. (a) Signature of funeral director H. Rindeloff  
(b) Address 5216 Delmar Blvd.

19. (a) JUL 3 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 96  
(c) City or town University City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6304 Westminster NR.5  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 2  
year 1946 hour 9:30 minute P. M.  
21. I hereby certify that I attended the deceased from 1935  
to July 2, 1946  
that I last saw him alive on July 2, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-hypertensive vascular disease  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 93  
Of operations  
Of autopsy  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature J. F. Probstern (M. D. or other)  
Address 1216 Bee Date signed 7/3/46

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.....

*Ruth Campbell*

..... Licensed Embalmer No. ....

*3881*

..... 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.**