

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1957

State File No. **44845**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11825**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 60 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital			
e. STREET ADDRESS (If rural, give location) 26 5866a Waffitt			
3. NAME OF DECEASED (Type or Print) a. (First) REBECCA		b. (Middle) KOPLAR	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1956	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.	8. DATE OF BIRTH Unk.
9. AGE (In years last birthday) ab. 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) USSR	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Davis	
13b. MOTHER'S MAIDEN NAME Sima (unk)		14. NAME OF HUSBAND OR WIFE Harry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irwin Koplar 721 Glenridge			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) 331x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease	
INTERVAL BETWEEN ONSET AND DEATH 5 years years		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 12, 1956 , to Dec. 24, 1956 , that I last saw the deceased alive on Dec. 24, 1956 , and that death occurred at 7:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Clara Birenbaum, M.D.		23b. ADDRESS 607 N. Grand	
23c. DATE SIGNED 12/24/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	
24b. DATE 12/26/56		24c. NAME OF CEMETERY OR CREMATORY Beth Amedrosh Hagodol	
24d. LOCATION (City, town, or county) (State) Madue, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson	
DATE REC'D BY LOCAL REG. DEC 26 1956		REGISTRAR'S SIGNATURE Earl Smith M.D.	

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

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Quis A. Judwis*
Licensed Embalmer No. 4229

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.