

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015222

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No.

Primary Registration District No.

Registrar No. 3377

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4366 University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR JEWISH Hosp. INSTITUTION		Length of stay in lb 1 wk.	d. STREET ADDRESS 1233 Fairview (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JULIUS KAPLAN			4. DATE OF DEATH Month Day Year Apr. 4, 1959			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1898		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and state or country) Lithuania		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Max Kaplan		13b. MOTHER'S MAIDEN NAME Fannie Caplan		
14. NAME OF HUSBAND OR WIFE Fannie		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. Unk.		
17. INFORMANT Fannie Kaplan 1233 Fairview		Address				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH Years 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Kimmelsteal-Wilson Disease) DUE TO (c) 260X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 1956 to April 59 and last saw him alive on April 3, 1959		Death occurred at 7:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Melvin L. Goodman, M.D. (Degree or title)		22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 4-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 4/6/59	23c. NAME OF CEMETERY OR CREMATORY B'nai Amoona	23d. LOCATION (City, town, or county) (State) University City, Mo.
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24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 6 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D. m. q. B
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

COVER, COVERED, ETC. MUST BE WRITTEN IN FULL IN THIS SPACE. ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

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 *Lawrence J. Deine*

Licensed Embalmer No. 3988

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.**