

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 01

Township.....

Primary Registration District No. 007

City St. Louis

No. Jewish Hosp

File No. 18069  
Registered No. 4270  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5572 Bartmer St., 5 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Morris M. Olan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>abt. 47</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>at home</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilna Russia</u>		
13. NAME <u>Simon Jacobson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
15. MAIDEN NAME <u>Jodana Skurlander</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russia</u>		
17. INFORMANT <u>Morris M. Olan</u> (ADDRESS) <u>5572 Bartmer</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Hebra Amonga</u> DATE <u>5/14</u> 19 <u>33</u>		
19. UNDERTAKER <u>McPherson</u> (ADDRESS) <u>7712</u>		
20. FILED <u>MAY 15 1933</u> <u>McPherson</u> <u>7712</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 - 1933

22. I HEREBY CERTIFY That I attended deceased from 4-25 - 1933, to May 13 - 1933  
I last saw h. er alive on May 13, 1933. Death is said to have occurred on the date stated above, at 5 P m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Embolus  
5 P M  
52 of 7 B  
1933

Other contributory causes of importance:  
Hysterectomy for fibroid uterus - Benign

Name of operation Hysterectomy Date of 4-28-33  
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury....., 19.....  
Where did injury occur? .....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify.....  
(Signed) John C. Kopelowitz, M. D.  
(Address) 730 M. O. Hwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

