

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

Do not use this space.

11280

APR 25 1934

PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo

Registration District No. **791**
Primary Registration District No. **1003**
(No. Jewish Hospital)

File No.....
Registered No. **3182**
St. Ward)

2. FULL NAME Oscar Coppermith

(a) Residence, No. 1393 Goodfellow St., V Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Coppermith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 76 | - | -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. junk

10. Date deceased last worked at this occupation (month and year) 1933 | 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

13. NAME Joana Coppermith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT Morris Coppermith
(ADDRESS) 1393 Goodfellow

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chapel St. Em. Co. DATE Mar 30 34

19. UNDERTAKER Oberlander Funeral Directors
(ADDRESS) 1169 Wash. Ave. S. St. Louis

20. FILED 148 APR 25 1934 J. Beleck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26 1934, to March 29 1934

I last saw him alive on March 29 1934. Death is said to have occurred on the date stated above, at 8:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation Date of onset 3/9/34
Myocardites, Chronic
Arteriosclerosis, General

Other contributory causes of importance:

Name of operation..... Date of.....

(What test confirmed diagnosis?) Thy 34 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) Heriman A. Theyer, M. D.

(Address) 505 N. Grand

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.

OCCUPATION
MOTHER
FATHER

Oct 9 1911
Ralph R. R. R.