S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

D JUL 31 19[illegible]

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22885

Registrar's No. 6631

1. PLACE OF DEATH:
(a) County
(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 Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 38 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1481 Shawmut (If rural, give location)
(e) Citizen of foreign country? Reg. Alien (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam Copilevitz
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Sarah Copilevitz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (unk) (Month) (Day) (Year)
8. AGE: Years ab.70 Months Days If less than one day hr. min.
9. Birthplace Odessa (City, town, or county) Russia (State or foreign country)
10. Usual occupation Proprietor
11. Industry or business Tin shop
FATHER 12. Name Abraham Isaac Copilevitz
13. Birthplace Russia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Deborah Schneider
15. Birthplace Russia (City, town, or county) (State or foreign country)
16. (a) Informant Louis Copilevitz
(b) Address 541 Washington E. St. Louis
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson
19. (a) JUL 22 1943 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1943 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from June 1943, to July 21 1943, that I last saw him alive on July 21 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Post-Op Pneumonia — Duration 5 days
Due to
Due to
Other conditions: Uremia
(Include pregnancy within 3 months of death)
Major findings: Of operation: Operation of common bile duct
Of autopsy: Chronic Pancreatitis or Cancer of the Pancreas

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Leo A. Sachar (M. D. or other) M.D.
Address 216 S. Kingshighway Date signed July 22, 1943

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....1597.....

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.