

FILED MAY 27 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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: Enroute to City Hospital 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County \_\_\_\_\_ 999

(c) City or town Rockaway Beach 30  
(If outside city or town limits, write "RURAL")

(d) Street No. 137 Beach 75th St. NRO  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bernard Coopersmith

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1946 hour \_\_\_\_\_ minute 9 M. E

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Olga Coopersmith

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased About 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day

About 71 hr. min.

Due to site unknown

Due to \_\_\_\_\_

Other conditions 55  
(Include pregnancy within 3 months of death)

9. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired restaurant owner

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Isaac Coopersmith

13. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

14. Maiden name Unknown

15. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

3. Signature Thos. E. Skyles (M.D. or other) 3

Address Dep. Coroner Date signed 5/15/46

16. (a) Informant Olga Coopersmith

(b) Address Rockaway Beach, N.Y.

17. (a) Removal (b) Date thereof 5-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York City, N.Y.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 15 1946 (Date received local registrar)

J. F. Bredeek (Registrar's signature)

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

30  
47  
9

1170

4395

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**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 Henry M. Brunner

Licensed Embalmer No. 4200

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.**