

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

Do not use this space.

14762

**1. PLACE OF DEATH**

County .....  
Township *St. Louis*  
City *St. Louis*

Registration District No. *781*  
Primary Registration District No. *1000*  
(No. *5852*, *Juban*)

File No. ....  
Registered No. *4160*  
St. .... Ward *6*

**2. FULL NAME**

(a) Residence, No. .... St. *6* Ward *6*  
(Usual place of abode)

(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 *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 *Rachael Katz*

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*ab 61*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Real estate*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *154*  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation *4 1/2*

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

FATHER 13. NAME *Arki Katz*

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

MOTHER 15. MAIDEN NAME *Jennie (unk)*

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

17. INFORMANT (ADDRESS) *A. H. Katz 5852 Juban*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Woodlawn* DATE *4/29*, 19*32*

19. UNDERTAKER (ADDRESS) *H. B. Berger 4715 McPherson*

20. FILED *28 15-19*

Registrar.

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 27*, 19*32*

22. I HEREBY CERTIFY That I attended deceased from *Aug 5*, 19*31*, to *Apr 27*, 19*32*

I last saw *him* alive on *April 27*, 19*32* Death is said

to have occurred on the date stated above, at *6:00 a.m.*

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

*Arteriosclerosis of Coronary*  
*4/13*  
*4/13*  
*4/13*

Other contributory causes of importance:

Name of operator *Castro E. Esteban* Date of *10/2/31*

What test confirmed diagnosis? *Operative* 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 .....

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?

If so, specify .....

(Signed) *A. H. Katz*

(Address) *4715 McPherson*

*1329 No*

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

