

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

Do not use this space.

41817

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis**

(No. **1438 E. Grand Blvd.**)

File No.

Registered No. **10859**

St. Ward)

2. FULL NAME **Harris Katanik**

(a) Residence, No. **1438 E. Grand Blvd.** St. Ward. **9**

Length of residence in city or town where death occurred **38** yrs. mos. da. How long in U. S., if of foreign birth? **38** yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widowed**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 70

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

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

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) **Russia**

MOTHER FATHER 13. NAME **Sam Katanik**

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

15. MAIDEN NAME **Sifra Perland**

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

17. INFORMANT **Tanya Katanik** (ADDRESS) **6073 Cates**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **Dec. 19, 1933**

19. UNDERTAKER **Okenhandler Funeral Dir.** (ADDRESS) **4469 Washington**

20. FILED **19 1933** **J. J. Bredeck** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/18/1933**

22. I HEREBY CERTIFY, That I attended deceased from **May**, 19**33**, to **12/17**, 19**33**

I last saw him alive on **12/17**, 19**33**. Death is said to have occurred on the date stated above, at **7 a.** m.

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

Chr. Myocarditis
ABC
ABC
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **Physical Exam.** 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?.....
If so, specify.....

(Signed) **E. J. Beag**, M. D.

(Address) **642 No. Beag**

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.

WHITE CARBON, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 26 1934

23

