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.

APR 2 1936

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

Do not use this space.

13115

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. 3188

Registered No. .....

2. FULL NAME Harry Kanterman

(a) Residence, No. 764 Leland St., NR Ward. University City, Mo
(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: Nechie Kanterman

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

7. AGE: about 64 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

FATHER

13. NAME: Shmoel Kanterman

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

MOTHER

15. MAIDEN NAME: Anna Shecter

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

17. INFORMANT (ADDRESS): Manuel Kanterman 764 Leland

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Chesed Shel Emeth DATE: Mar 24, 1936

19. UNDERTAKER (ADDRESS): Herman Rindskopf 5216 Delmar Blvd.

20. FILED: MAR 24 1936 19 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-23, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to Mar. 22, 1936

I last saw him alive on Mar. 22, 1936. Death is said to have occurred on the date stated above, at 5 30 a.m.

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

	Date of onset
Myocarditis Chr. (Arterio Sclerotic)	1 1/2 yrs.
Auricular Fibrillation	1 mo.
Aortitis (Arterio Sclerotic)	2 "
Hypertrophy & Dilatation of Heart	1 yr.

Other contributory causes of importance: Enlargement of Prostate due to c̄ Residual Urine (Hypertrophy of Prostate)

Name of operation: none Date of .....

What test confirmed diagnosis? Clinical 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) Ben D. Senturia M. D.

(Address) 5333 Cabanne Av.