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.

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

SEP 15 1936

Do not use this space.

32475

File No. 8302

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3955, Hartford St. Ward)

2. FULL NAME Max Kantorwitz

(a) Residence, No. 3955 Hartford St., 16 Ward.
(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*): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theresa Kantrowitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 24, 1853

7. AGE: Years 82 | Months 9 | Days 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Famous-Barr D. G. Co.

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): Germany

FATHER

13. NAME: Hyman Kantrowitz

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

MOTHER

15. MAIDEN NAME: Rosa Rothman

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

17. INFORMANT (ADDRESS): Mr. I. A. Schulherr 3955 Hartford

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Mt. Sinai DATE Aug. 11, 1936

19. UNDERTAKER (ADDRESS): H. B. Berger & Son 4715 McPherson Ave.

20. FILED AUG 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 7th, 1936, to August 9th, 1936

I last saw him alive on Aug 7th, 1936. Death is said to have occurred on the date stated above, at 8.45 p.m.

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

Chronic Myocarditis
Arterio-sclerosis and
hypertension

Date of onset

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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) Andrew C. Hunke M. D.

(Address) 3636 University City Mo.