OCT 5 1936

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

Do not use this space.

35577

1. PLACE OF DEATH

County ..... Registration District No. 791

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

File No. .....

Registered No. 9179

City St. Louis (No. 4384 Westminister Place St. ..... Ward)

2. FULL NAME Max Kotany

(a) Residence, No. 4384 Westminister Pl. St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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~~ Mildred Wear Kotany

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7th 1853

7. AGE YEARS 82 MONTHS 8 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker Bonds & Stocks

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

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) Szged Hungary

FATHER

13. NAME Alexander Kotany

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Szged Hungary

MOTHER

15. MAIDEN NAME Minnie Singer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Szged Hungary

17. INFORMANT (ADDRESS) Mildred Wear Kotany 4384 Westminister Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Sept 5th 1936

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co 3621 Olive St.

20. FILED SEP 4 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1936, to Sept 4, 1936

I last saw him alive on Sept 3, 1936 Death is said to have occurred on the date stated above, at 3 a. m.

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

Pneumonia
Bronchial

Date of onset Sept 1936

167 A

Other contributory causes of importance:
Gen'l arterio-sclerosis

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) [signature], M. D.

(Address) 3701 Washington Pl

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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