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.

NOV 4 1936

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

Do not use this space.

36356

1. PLACE OF DEATH
County: St. Louis — Registration District No.: 1170 (24th)
Township: — Primary Registration District No.: 24th
City: Richmond Hts. (No. St. Mary's Hospital St. Ward)
File No.: — Registered No.: 239

2. FULL NAME: Aaron Katzman

(a) Residence, No. ... St., ... 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: Anna Katzman, South Haven Michigan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): about Sept 1878

7. AGE: Years: ab 57 — 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.: Farmer
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): Minsk U. S. S. R.

FATHER
13. NAME: Moses Katzman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

MOTHER
15. MAIDEN NAME: Sarah Fanny Hohman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.S.R.

17. INFORMANT: Philip Katzman
(ADDRESS): 6416 Oakland

18. BURIAL, CREMATION, OR REMOVAL
PLACE: B'nai Amoona DATE: Sept. 24, 1936

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

20. FILED: Sept. 23, 1936 Sam A. Bassett, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936, to Sept. 22, 1936
I last saw h. ~~living~~ alive on Sept. 22, 1936. 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:

	Date of onset
Hypostatic Pneumonia	9/17/36
Cardiac Failure	7/11/36

Other contributory causes of importance:

Carcinoma head pancreas c metastasis to liver	?

Name of operation: Gastro-enterostomy Date of: 9/17/36
What test confirmed diagnosis? Clinical + X-Ray 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) Alexander J. Kotkis, M. D.
(Address) 6516 Oakland St. Louis Mo.