

WHITE 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.

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

NOV 15 1937

35761
Do not use this space.

1. PLACE OF DEATH —

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1008**

(c) City **St. Louis** (d) Street No. **5086 Maple** St.

(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **50** yrs. mos. ds.

Registered No. **9338**

2. PRINT FULL NAME **Rosa Kantorwitz**

(a) Residence, No. **5086 Maple** St. **12**

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 11, 1865**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	3	23	

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

9. Industry or business in which work was done, as 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) **Halberstadt**
(STATE OR COUNTRY) **Germany**

FATHER 13. NAME **Ludwig Sachs**

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

MOTHER 15. MAIDEN NAME **Helena Rothmann**

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

17. INFORMANT **Harry Kantorwitz**
(ADDRESS) **5086 Maple**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New Mt. Sinai** DATE **10/6/37**

19. FUNERAL DIRECTOR **H. B. B. McGee**
(ADDRESS) **4715 McPherson**

20. FILED **10-6** 19 **37** **J. T. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 4 1937**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at **6:15 A.M.**

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

Coronary Occlusion

arteriosclerosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) **Alfred J. Perry** M. D.
(Address) **Dept. Coroner**

STATEMENT BY LICENSED EMBALMER

I, Herbert J. Berger, Licensed Embalmer No. 1597

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W E

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Herbert J. Berger
Licensed Embalmer No. 1597

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)