

REC'D JUN 9 1938

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

16750
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. **4611**
(c) City St. Louis Mo. (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Kotkin 325

(a) Residence, No. 5610 Etzel St. **6** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **Ida Kotkin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1886
7. AGE YEARS 52 MONTHS 0 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Designer**
9. Industry or business in which work was done, as saw mill, bank, etc. **dress**
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 **unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Ida Kotkin**
(ADDRESS) **5610 Etzel Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **May 20 1938**

19. FUNERAL DIRECTOR (NAME) **Herman Rindskopf**
(ADDRESS) **5216 Delmar Blvd.**

20. FILED **MAY 20 1938** **J. F. Breber** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5 - 19 - 1938**

22. I HEREBY CERTIFY, That I attended deceased from **5 - 17 - 1938** to **5 - 19 - 1938**

I last saw him alive on **5 - 19 - 1938** Death is said to have occurred on the date stated above, at **Home**.

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

Carcinoma of stomach, cardia Date of onset **1936?**

Other contributory causes of importance:

anemia
Bleeding into intestines
shock

Name of operation **none** Date of.....

What test confirmed diagnosis? **X-ray** Was there an autopsy? **yes**

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) **E. H. Smith** M. D.

(Address) **BARNES HOSPITAL** **2nd A.**

Not Embalmed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.