

REC'D FEB 10 1939

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

321
 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 Mo.** (d) Street No. **St. Lukes Hospital** Registered No. **321**
 (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

320 **Henrietta Katz**
 (a) Residence, No. **4615 Lindell Blvd. Presidents.** **12** (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Katz		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1867		
7. AGE 71	YEARS	MONTHS 2 DAYS 19 If LESS than 1 day, hrs. of min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-work	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as law mill, bank, etc. at home	
	10. Date deceased last worked at this occupation (month and year)	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh Pa.	
FATHER	13. NAME Meyer O. Harris	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) Art. S. With President Apts. 4615 Lindell		
18. BURIAL, CREMATION, OR REMOVAL PLACE San Antonio DATE Jan. 11, 39		
19. FUNERAL DIRECTOR (ADDRESS) Alexander and Sons 6175 Delmar Blvd.		
20. FILED JAN 10 1939 J. F. Brebeck Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 9, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 31, 1938**, to **Jan. 9, 1939**
 I last saw her alive on **Jan. 8, 1939**. Death is said to have occurred on the date stated above, at **8:25 a.m.**
 The principal cause of death and related causes of importance were as follows:
Chronic Degenerative Myocarditis Date of onset **4 mos.**
Nephritis, Acute & Chronic **1 mos.**
 Other contributory causes of importance:
Bronchopneumonia, Acute **1 wk.**
Pericarditis, Acute Fibrinous **1 wk.**

Name of operation **0** Date of _____
 What test confirmed diagnosis? _____ 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) **Hiram Huggitt**, M. D.
 (Address) **3720 Washington Blvd. 8th Ave**

Dr. Hiram Lægett
Beaumont Bldg.
3720 Washington Blvd.
Jeff. 1551
Apr 3 P.M.

STATEMENT BY LICENSED EMBALMER

I, J. W. Binkley, Licensed Embalmer No. 3653

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

J. W. Binkley

Licensed Embalmer No. 3653

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.)