

JUL 12 1939

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

20385
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis
(e) Length of residence in city or town where death occurred 38 mos. ds. (f) How long in U.S., if of foreign birth? 27 yrs. mos. da.

Registration District No. 791
Primary Registration District No. 1003

Registered No. 5229

2. PRINT FULL NAME Alexander M. Cates

(a) Residence, No. 2525 Burd St. 6
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bess Grossman Cates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 3 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wholesale
9. Industry or business in which work was done, as saw mill, bank, etc. Linoleum
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) Lublin Poland

FATHER 13. NAME Hirsch Katz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER 15. MAIDEN NAME Esther Melka

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Mrs. Bess Cates
(ADDRESS) 2525 Burd

18. BURIAL, CREMATION, OR REMOVAL PLACE Chesed Shel Emeth DATE 6/11, 1939

19. FUNERAL DIRECTOR (NAME) H. B. Berger
(ADDRESS) 4715 McPherson

20. FILED JUN 11 1939 J. F. Credich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-1939

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1939, to June 9, 1939

I last saw him alive on June 8, 1939. Death is said to have occurred on the date stated above, at 9:45 p.m.

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

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

due to pleuritis
hypertension

Name of operation X Date of X

What test confirmed diagnosis By exam Was there an autopsy? X

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) D. H. Perry, M. D.

(Address) 316 Wall Bldg.

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.

1 X1603

STATEMENT BY LICENSED EMBALMER

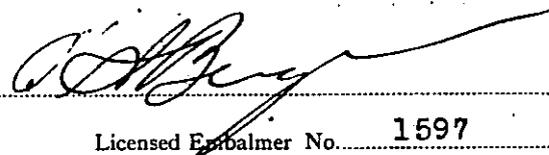
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Herbert I. Berger

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 1597

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.