

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **38254**Registrar's No. **10093**Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**

(a) County **1**  
 (b) City or town **St. Louis Mo**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Jewish Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 month**  
 (Specify whether years, months or days) **3 1/2 yrs.**

3. (a) PRINT FULL NAME **Abraham - Katz 326**3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mrs Dora Katz** 6. (c) Age of husband or wife if alive **42** years  
 7. Birth date of deceased **Unknown**  
 (Month) (Day) (Year)

8. AGE: Years **abt 57** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace **Russia**  
(City, town, or county) (State or foreign country)10. Usual occupation **Painter**11. Industry or business **Mens**12. Name **Unknown**13. Birthplace **Russia**  
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **Russia**  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature **Sarah Keshabtes**(b) Address **1518 Winstonley, E. Wash. Ave.**17. (a) **Burial** (b) Date thereof **Nov. 28, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Beth Hammadrach Yagda**18. (a) Signature of funeral director **Oliver Havelber**(b) Address **4469 Washington Blvd.**19. (a) **NOV 27 1939** (b) **J. D. Borchert**  
(Date received local registrar) (Signature of registrar)2. USUAL RESIDENCE OF DECEASED: **1**

(a) State **Mo.** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis 25**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1110 Franklin**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. **38 1/2** years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **27**  
year **39** hour **6** minute **25** A.M.21. I hereby certify that I attended the deceased from **Oct**  
\_\_\_\_\_, 19**39**, to **11-27**, 19**39**;  
that I last saw him alive on **11-27**, 19**39**;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Suberculosis of Spine?**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Cardiac Failure**  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_Of autopsy **no autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Sam S. Schneider** (M. D. or other) \_\_\_\_\_Address **216 S. Kinship Highway** Date signed **11-27-39**

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**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.....

*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W. G. Penhollow*.....

Licensed Embalmer No. *3669*.....

P. O. Address *4469 Washington*.....

**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.**