DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4202

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1032

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Central Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. ~~Central Hospital~~ 2628 Market
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 3 2 Shinichi Kataoka

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 52 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Japan 7 (State or foreign country)

10. Usual occupation Cook

11. Industry or business 2628 Market St. 9

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Haru Tanaka
(b) Address 4984 Berthold

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) (Date received by registrar) FEB 1 1940 (b) J. F. Bacheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1940 hour 1.00 A.M. minute M.

21. I hereby certify that I attended the deceased from Jan 29, 1940, to Jan 31, 1940, that I last saw him alive on Jan 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute dilatation of heart	
Due to Lobar Pneumonia	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 J. H. Walton 1 (M. D. or other)
Address 4518 Washington Date signed Feb 1 40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Florence Eynck

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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

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