

Registration District No. 7911 Primary Registration District No. 1003

PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(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 6 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME David Katz

3. (b) If veteran, name _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Katz 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March (Month) -- (Day) -- (Year)

8. AGE: Years About 59 Months -- Days -- If less than one day -- hr. -- min.

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

10. Usual occupation Merchant

11. Industry or business Retail Grocery

12. Name Unknown

13. Birthplace Rumania (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Rumania (City, town, or county) (State or foreign country)

16. (a) Informant Ida Katz

(b) Address 5635 Cote Brillante

17. (a) Burial (b) Date thereof Oct. 20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. Rinderkoff

(b) Address 5216 Delmar

19. (a) OCT 18 1940 (b) J. F. Budnik
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5635 Cote Brillante
(If rural, give location)
(e) If foreign born, how long in U. S. A. 42 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17
year 1940 hour 4 minute a. M.

21. I hereby certify that I attended the deceased from Oct 11, 1940, to 10/17, 1940
that I last saw him alive on 10/17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block (A-V)
Duration 1 wk.

Due to retard. sclerotic Heart Disease?

Due to 11

Other conditions 11
(Include pregnancy within 3 months of death)

Major findings: 11
Of operations _____

Of 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Arthur E. Strand (M. D. or other)

Address 539 N. Grand Date signed 10/17/40

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.....

Chas W. Cooper

Licensed Embalmer No. *3850*

P. O. Address *5216 Delmar*

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

If this body is not embalmed, fact should be so stated above.