

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34176

Registrar's No. 8873

Registration District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether  
In this community 35 years, months or days)

## 3. (a) PRINT FULL NAME

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Joseph Katz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased unknown (Month) (Day) (Year)

## 8. AGE:

Years	Months	Days	If less than one day
<u>abt 70</u>			hr. min.

9. Birthplace Russia (City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Housework12. Name Izak Reizen Fishman13. Birthplace Russia (City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace Russia (City, town, or county) (State or foreign country)16. (a) Informant Paul Katz(b) Address 7133 Amberst17. (a) Burial (b) Date thereof Oct 28 1940 (Month) (Day) (Year)(c) Place: burial or cremation Chapel Shel Enoch18. (a) Signature of funeral director 44694 Washington(b) Address Funeral home19. (a) OCT 28 1940 (b) J. B. Bostick (Date received local registrar) (Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1438 E Grand (If rural, give location)  
(e) If foreign born, how long in U. S. A. 35 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 27 day \_\_\_\_\_  
year 1940 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct. 20, 1940, to Oct. 27, 1940  
that I last saw him alive on Oct. 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 2 day

Due to Hypertensive Heart DiseaseDue to DecompensationDue to Generalized ArteriosclerosisOther conditions 7 (Include pregnancy within 3 months of death)Major findings: Of operations 7Of autopsy 7

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Roy Greenbaum M.D. (M.D. or other)Address 4622 N. Taylor Date signed 10-28-40

**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.....

*myself*  
working under my personal supervision.

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

Signed

*W. J. Chandler*

Licensed Embalmer No. *3669*

P. O. Address.....

**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.**