

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

36784

Registrar's No.

9057

Registration District No. 2911

Primary Registration District No. 1000

1. 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:  
DePaul 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 \_\_\_\_\_

3. (a) PRINT FULL NAME Walter G. Katzung

3. (b) If veteran, name war no 3. (c) Social Security No. 492-07-1617

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

6. (b) Name of husband or wife VIOLA KATZUNG 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July 10 1900  
(Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 21 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Carter Carburetor Co.

12. Name Fred Katzung

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Unknown

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

16. (a) Informant Viola Katzung

(b) Address 4208 Rosewood Ave.

17. (a) Burial (b) Date thereof 11/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun Set Burial Park

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 6125 Lafayette

19. (a) NOV 4 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4208 Rosewood Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31  
year 1940 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from 10-28, 1940 to 10-31, 1940,  
that I last saw him alive on 10-31, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute yellow atrophy of liver  
Duration 5 days

Due to Arseine injections 1 yr.

Due to 3rd Stage liver 1 yr.

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations [Signature]

Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) MD  
Address 3500 N. Grand Date signed 11-1-40

---

---

**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.....

*Jose B. Hollmer*

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

**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.**