

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

36798

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9071

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4140 Beethoven
 (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 Susan Katz
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Gottlieb Katz
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased December 21 1864
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace New Athens Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Helen A. Katz
 (b) Address 4140 Beethoven
 17. (a) Burial (b) Date thereof 11-5-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Schaeffer & Sons Co.
 (b) Address 3013 Meramec
 19. (a) NOV 8 1940 (b) J. P. ...
 (Date received from) (Registrar's signature)

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. 4140 Beethoven
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2
 year 1940 hour 1.10 minute _____ A. M.
 21. I hereby certify that I attended the deceased from Aug 1936
 _____, 19____, to Nov. 2, 1940
 that I last saw her alive on Nov. 2, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Central apoplexy
Hypertension & arteriosclerosis
 During _____ days

Due to _____
 Due to _____
 Other conditions This was 3rd. apoplectic
 (Include pregnancy within 3 months of death) attack in 4 yrs.

Major findings:
 Of operations _____
 Of autopsy no

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

28. Signature [Signature] (M.D. or other)
 Address 1041 Sunset Date signed 11/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

3806 Westminster 3 6 4 20

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.....

Laurence Kochow

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

working under my personal supervision.

Signed.....

Laurence Kochow

Licensed Embalmer No.....

3093

P. O. Address.....

3013 Mermaid

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.