S. No. 2
I—1-4-41
. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12799 4070

Registrar's No.

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: 5126 Wells Ave.--Home / (If not in hospital or institution, write street number or location)

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

In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 6000 6 17 9

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

(d) Street No. 5126 Wells (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH KOTTLER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male /

5. Color or race White

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

6. (b) Name of husband or wife Sophie Kottler

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec. (Month) 24 (Day) 1863 (Year)

8. AGE: Years 78 Months 4 Days 13 If less than one day hr. min.

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

10. Usual occupation Tinner

11. Industry or business

FATHER 12. Name Mendel Kottler

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

MOTHER 14. Maiden name Frada

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

16. (a) Informant Sophie Kottler

(b) Address 5126 Wells

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/42 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Odenhandler

(b) Address 4469 Washington

19. (a) MAY 8 1942 (Date received by local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1942 hour 12 30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1941 to May 7 1942 that I last saw him alive on May 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus

Due to

Due to 0

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations

Of autopsy

Duration

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 0

23. Signature G. G. Mayer (M. D. or other)

Address Humboldt Bldg. Date signed 5-7-42

884 (Licensed Embalmer's Statement on Reverse Side)

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 H. B. Kenhandler

Licensed Embalmer No. 3669

P. O. Address.....

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, fact should be so stated above.