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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD [redacted]FICATE OF DEATH

State File No. 15500

Registration District No. 184 Primary [redacted]istrict No. 200 Registrar's No. 975

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

1. PLACE OF DEATH:
(a) County St. Louis Pattonville
(b) City or town Rural St Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Sanatorium of St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 4 days (Specify whether
In this community years, months or days) Michael ~~55 yrs~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County — 000
(c) City or town St. Louis 17
(If outside city or town limits write "RURAL")
(d) Street No. 5184a Page Boulevard
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 65 1 years.

3. (a) PRINT FULL NAME Michael Kanter

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Lena Kanter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 8 (Day) 1856 (Year)

8. AGE: Years 86 Months 1 Days 22 If less than one day hr. min.

9. Birthplace AMSTERDAM, HOLLAND (City, town, or county) (State or foreign country)
10. Usual occupation Hotel prop.
11. Industry or business " "

FATHER
12. Name JONAS KANTER
13. Birthplace AMSTERDAM, HOLLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name [illegible] DORA
15. Birthplace AMSTERDAM, HOLLAND (City, town, or county) (State or foreign country)

16. (a) Informant John Weinberger
(b) Address 5600 Pershing
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Sinai
18. (a) Signature of funeral director Odenhoeffer
(b) Address 4469 Washington
19. (a) APR 30 1942 (Date received local registrar) (b) G. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1942 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from February 26, 1942, to April 30, 1942; that I last saw him alive on April 30, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-sclerotic heart disease	
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Selig Simon (M. D. or other)
Address Jewish Sanatorium Robertson Date signed 4/30/42

(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 me~~ .....

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

working under my personal supervision.

Signed W J Ohenhandle

Licensed Embalmer No. 3669

P. O. Address .....

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

If this body is not embalmed, above space should be left blank.