

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12347

State File No. \_\_\_\_\_

FILED APR 23 1943 818

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 3490

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 Gottlieb, Katz

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

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

6. (b) Name of husband or wife Susan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 3 1863  
(Month) (Day) (Year)

8. AGE: 79 Years 4 Months 8 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cement finisher

MOTHER FATHER { 11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Helen Katz

(b) Address 4140 Beethoven

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/43  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) \_\_\_\_\_ (Date registered) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 093  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4140 Beethoven  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11  
year 1943 hour 5.20 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to April 11 1943  
that I last saw him alive on April 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration 10 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 93

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury 7th

23. Signature A. F. Lerner (M. D. or D.O.)

Date signed 1259 N Kingshighway 4/13/43

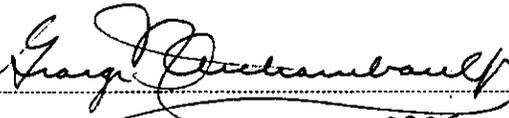
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**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.....  
George N. Archambault....., Registered Apprentice No. XXXXX  
working under my personal supervision.

Signed .....  
Licensed Embalmer No. 2906.....  
P. O. Address 3013 Meramec.....

**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.**