

FILED NOV 18 1943

318

Primary Registration District No.

1003

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

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:
Lenox Hotel - 825 Washington
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
(c) City or town St. Louis 912
(If outside city or town limits, write "RURAL")
(d) Street No. 5370 Pershing
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Katz

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 Married

6. (b) Name of husband or wife Lee Katz 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years about 50 Months -- Days -- If less than one day _____ hr. _____ min.

9. Birthplace Russia (City, town, or county) 6 (State or foreign country)

10. Usual occupation Mfg.

11. Industry or business Mens Hats

12. Name unknown

13. Birthplace Russia (City, town, or county) 6 (State or foreign country)

14. Maiden name unknown

15. Birthplace Russia (City, town, or county) 6 (State or foreign country)

16. (a) Informant Lee M. Katz

(b) Address 5370 Pershing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Int. Olive Church

18. (a) Signature of funeral director Herman Rindskopf

(b) Address 5216 Delmar Blvd

19. (a) NOV 8 1943 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1943 hour _____ minute 3P M.

21. I hereby certify that I attended the deceased from near 8 1943 to Nov. 6 1943 that I last saw him alive on Nov. 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 hr
Due to hypertension 2 year
Due to acute hemorrhages 1 mo
Other conditions acute hemorrhages 1 mo
(Include pregnancy within 3 months of death) nephritis
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 _____
23. Signature S. B. Lewis (M. D. or other) _____
Address 4487 Westmead Date signed Nov 7 1943

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..... *Chas. W. Cooper*

Licensed Embalmer No. *38630*

P. O. Address. *5216 Delmar*

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.