

FILED JUL 31 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 35 years (Specify whether
years, months or days)

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. 5885 Cote Brillante
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Manuel 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 Malka Katz (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Abt. 72 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Merchant
11. Industry or business Shoes

MOTHER FATHER
12. Name Joseph Katz
13. Birthplace Lithuania
(City, town or county) (State or foreign country)
14. Maiden name Hannah
15. Birthplace Lithuania
(City, town or county) (State or foreign country)

16. (a) Informant A. Slagis
(b) Address 5824 Kennerly

17. (a) Burial (b) Date thereof 7-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Openhardt
(b) Address 4469 Washington

19. (a) JUL 25 1944 (b) J. P. [Signature]
(Date received and registered) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23
year 1944 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from July 23, 1944 to July 23, 1944
that I last saw him alive on July 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day.

Due to _____
Due to _____
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? _____

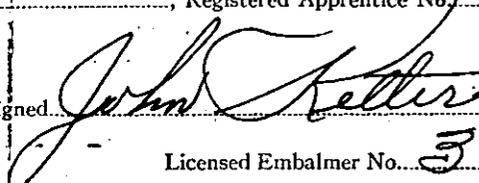
While at work? _____ (Specify type of place)
(e) Means of injury 0
23. Signature Arthur E. Straub (M. D. or other) _____
Address 539 N. Grand Date signed 7/28/44

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



Licensed Embalmer No. 3880

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.