

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35304**
8731
Registrar's No. _____

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> | |
| c. LENGTH OF STAY (in this place) <u>36 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>5826 1/2 Roosevelt</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp</u> | | | |

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|---|-------------------------------|---|--|---|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) c. (Last) <u>Ketcher</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 10 1949</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Sept 1895</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>cook</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Russia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
| 13a. FATHER'S NAME <u>Isaac Katy</u> | | 13b. MOTHER'S MAIDEN NAME <u>unk</u> | | 14. NAME OF HUSBAND OR WIFE <u>Solomon</u> | | |

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|--|----------------------------------|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robt. Ketcher 5627 1/2 St. Louis</u> | |
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|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>490</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>175X</u> |

22. I hereby certify that I attended the deceased from July 1948 to Oct. 10, 1949, that I last saw the deceased alive on 10/10, 1949 and that death occurred at 7:05 P.M., from the causes and on the date stated above.

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|---|--|---|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Robert Potachinski, M.D.</u> | | 23b. ADDRESS <u>508 N. Grand</u> | | 23c. DATE SIGNED <u>10/10/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/11/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Christ the King</u> | 24d. LOCATION (City, town, or county) (State) <u>Univ. City Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>OCT 10 1949</u> | REGISTRAR'S SIGNATURE <u>Dr. B. S. Sauter</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4785 Madison</u> | | |

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Lewis Audberg
Licensed Embalmer No. 4259

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.