

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35839**

**FILED NOV 2 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **3518**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b> <b>+462</b>	
c. LENGTH OF STAY (In this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>6529 San Bonita Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>			

3. NAME OF DECEASED (Type or Print) <b>CHARLOTTE KATZNOE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 27 1951</b>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>Dec. 31, 1892</b>		9. AGE (In years last birthday) <b>58</b>		If UNDER 1 YEAR Months <b>9</b> Days <b>27</b>	If UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sewer - Chapman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cleaning Plant</b>		11. BIRTHPLACE (State or foreign country) <b>Germany 4</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Siegfried Katznol</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>096-24-0727</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Siegfried Katznol-6529 San Bonita</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Barbiturate intoxication</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>9702</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-24-1951**, to **10-27-1951**, that I last saw the deceased alive on **10-27-1951**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William L. Naughton, M.D.</b>		23b. ADDRESS <b>601 S. Brent road, Clayton 5, Mo.</b>		23c. DATE SIGNED <b>10-27-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/28/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Chesed Shel Emeth Cem. St. Louis County, Mo.</b>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <b>10-27-51</b>		REGISTRAR'S SIGNATURE <b>Robert R. Lanke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harold R. ... Dec-5 216 ...</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_ Student Embalmer

Signed *Peter B. Dubrouillet*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, Mo.*

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.