

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40369

State File No. _____

FILED DEC 12 1952

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 10767

BIRTH-NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10767							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City				4336			
d. FULL NAME OF HOSPITAL OR INSTITUTION Union & Natyral Bridge				d. STREET ADDRESS 6926 Princeton									
3. NAME OF DECEASED (Type or Print)		a. (First) Jacob		b. (Middle) Reubel Katz		c. (Last) Katz		4. DATE OF DEATH (Month) (Day) (Year)		11 21 52			
5. SEX male 0		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 17, 1907		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mfg				10b. KIND OF BUSINESS OR INDUSTRY Ice Cream		11. BIRTHPLACE (State or foreign country) Rice Lake Wisc.				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Saul H, Katz				13b. MOTHER'S MAIDEN NAME Libbe L. Levinson				14. NAME OF HUSBAND OR WIFE Maggaret A. Katz					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jacob Katz						ADDRESS 6926 Princeton	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		MEDICAL CERTIFICATION Internal Hemorrhage following gunshot wound of left lung, inflicted with gun in the hands of Guard Thomas Doerflinger, guarding the Guarantee Service Co. armoured money truck which the deceased was attempting to take over by using an amonia bomb, about 10:25 A.M., Nov. 21st, 1952, in front of Mound City Trust Co.								INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4401 Natural Bridge.						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Justifiable Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.		21d. TIME OF INJURY 11/21/52 10:25A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? See Above E981X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:25A, from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Curator						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 12 2 52				
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11/23/52		24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.							
DATE REC'D BY LOCAL REG. NOV 24 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE M. A. ...		ADDRESS 4356 Lindell					

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Elton R. Remelius

Licensed Embalmer No.

4283

P. O. Address

St. Louis, 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.