

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
43549

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11663**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (in this place) | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2179 | | d. STREET ADDRESS (If rural, give location) 174111. Shenandoah | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp. Ass'. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) David c. (Last) KATETAR | | 4. DATE OF DEATH (Month) (Day) (Year) DEC 17 1952 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH MAY 18 1888 |
| 9. AGE (In years last birthday) 64 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAGGAGE MAN MO. PAC. R.R. | 11. BIRTHPLACE (City and State or Foreign Country) LEBANON |
| 10a. USUAL OCCUPATION | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |

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| 13a. FATHER'S NAME DOMINICK KATAR | 13b. MOTHER'S MAIDEN NAME ALEXANDRA SALUM | 14. NAME OF HUSBAND OR WIFE NONE |
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| 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. 702-14-6214 | 17. INFORMANT'S SIGNATURE OR NAME STEVE KATAR | ADDRESS 4111 SHENANDOAH |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | DUPLICATE OF (b) Arterio-sclerotic heart disease | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE OF (c) | | |
| 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 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4200 |

22. I hereby certify that I attended the deceased from **Dec. 10, 1952**, to **Dec. 16, 1952**, that I last saw the deceased alive on **Dec. 16, 1952**, and that death occurred at **7:03 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE J. R. Sheridan | (Degree or title) | 23b. ADDRESS 1755 So. Grand Blvd | 23c. DATE SIGNED 12-17-52 |
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|--|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) TORIAL | 24b. DATE DEC 19 1952 | 24c. NAME OF CEMETERY OR CREMATORY S. S. PETER + PAUL | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO. |
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| DATE REC'D BY LOCAL DEC 18 1952 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kates | ADDRESS 2906 Gravois |
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Samuel Hill

Licensed Embalmer No. *43479*

P. O. Address *2906 Travis*

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.