

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43550

State File No.

No. 300
10.48

DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11193

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>24 2643a Cherokee St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> (A/K/A <u>JAKE</u>) b. (Middle) c. (Last) <u>KATZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 15, 1881</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Melodist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Abraham Katz</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Kerner</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Katz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-32-1090</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. M. Katz 2643a Cherokee St.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalopathy due to arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic cardio-vascular disease</u> DUE TO (c) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 months.</u> <u>many years</u>
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4221</u>	

22. I hereby certify that I attended the deceased from Sept. 29, 1952, to December 3, 1952, that I last saw the deceased alive on Dec. 3, 1952, and that death occurred at 1:25 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Elmer A. Dickman M.D.</u>		23b. ADDRESS <u>634 N. Grand</u>		23c. DATE SIGNED <u>12/4/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/5/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>B'nai Amoona</u>	
24d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>			

DATE REC'D BY LOCAL REG. DEC 4 1952
REGISTRAR'S SIGNATURE [Signature]
(Licensed Embalmer's Statement on Reverse Side)

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

472104

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

[Handwritten Signature]
Licensed Embalmer No. 4229

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.