URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-034539
STATE FILE NUMBER

ENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2441

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City — Length of stay in Ib YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8320 Delcrest — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8320 Delcrest — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BENJAMIN Middle Last KATZ

4. DATE OF DEATH Month Sept. Day 10 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/14/1900
9. AGE (last birthday) 59
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Manufacturer
10b. KIND OF BUSINESS OR INDUSTRY Cap
11. BIRTHPLACE (City and state or country) Russia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Isaac Katz
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Elizabeth Katz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT Address Mrs. B. Katz-8320 Delcrest

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart dis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 9 1957 to Sept 10 1959 and last saw her/him alive on Sept 8, 1959
Death occurred at 11:00 a.m. Sept 10, 1959 on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Arthur R. Hall (Degree or title) M.D.
22b. ADDRESS 457 N. Kingshighway
22c. DATE SIGNED 9/11/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/13/59
23c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha Cem.
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Herman Rindskopf, Inc. ADDRESS 5216 Delmar
25. DATE RECD. BY LOCAL REG. 9-11-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____
Signature of Student Embalmer

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.