

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20604
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 781
(b) Township..... 1 Primary Registration District No..... 1008
(c) City..... St. Louis (d) Street No..... 5351 Delmar St.
(e) Length of residence in city or town where death occurred yrs. 8 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No..... 5351 Delmar Blvd. St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Stein
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 15, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 3 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as law mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Leavenworth, Kansas
(STATE OR COUNTRY)

FATHER 13. NAME Aaron Katzenstein
14. BIRTHPLACE (CITY OR TOWN) Freyra, Germany
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hannah Schloss
16. BIRTHPLACE (CITY OR TOWN) Rinach, Germany
(STATE OR COUNTRY)

17. INFORMANT (Mrs) H. Waller
(ADDRESS) 5351 Delmar Blvd, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo. DATE June 19 1939

19. FUNERAL DIRECTOR Herman Rindorf
(ADDRESS) 5216 Delmar

20. FILED JUN 19 1939 J. F. Bruch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939
22. I HEREBY CERTIFY That I attended deceased from September 27, 1938, to June 18, 1939
I last saw him alive on June 18, 39, 19..... Death is said to have occurred on the date stated above, at 3.00 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease I yr
Date of onset
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) Dolores Cameron M. D.
(Address) 508 N. Grand Blvd.

STATEMENT BY LICENSED EMBALMER

I, Charles Cooper, Licensed Embalmer No. 3830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Charles Cooper

Licensed Embalmer No. 3830

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.)