

S. No. 2
7-94-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

12372
State File No. _____
Registrar's No. **4120**

FILED MAY 12 1943 318

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 7 mos. 13 ds.
(Specify whether
In this community about 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000/13
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1410 Biddle St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAM KITTAY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Galacia Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business unknown

12. Name Leon Kittay

13. Birthplace unknown Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Baila Hipong

15. Birthplace unknown Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Helma A. Singler

(b) Address 5300 Arsenal St

17. (a) Burial (b) Date thereof 5-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) RAY 1943 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28,
year 1943 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 9-16-1935 19. to 4-28-43 19.
that I last saw him im alive on 4-28-43 19.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Duodenum 9-16-1935X
Arteriosclerotic Heart Disease 9-16-1935X

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations _____

Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Walter L. Moore (M. D. or other) MD.
Address 5300 Arsenal Date signed _____

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

MOTHER FATHER

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred Frick

Licensed Embalmer No.....

3186

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.