

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

Do not use this space.

22742

1. PLACE OF DEATH

County St. Louis Registration District No. 1160 File No. _____
 Township Central Primary Registration District No. 7470 Registered No. 82
 City University City, Mo. Dr. H. B. Reynolds Office St. _____ Ward _____

2. FULL NAME ETIOLA NATKIN

(a) Residence. No. 1266 So. BROADWAY St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC. 4 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	8	6	20	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. _____ 195
 (b) General nature of industry, business, or establishment in which employed (or employer). _____ 179K
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chicago, Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER HARRY NATKIN

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) RUSSIA

12. MAIDEN NAME OF MOTHER EVELYN BURNSTEIN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) POLAND

14. INFORMANT Dr. J. C. Conwell
 (Address) Reynolds, H. B. Reynolds Office

15. FILED 6-26 1931 Lena V. Moeller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anaphylaxis following 1500 units of insulin, Adalutin.

CONTRIBUTORY (SECONDARY) Cracked wound R. foot (Rusty nail) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH St. Louis Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no no

WHAT TEST CONFIRMED DIAGNOSIS? Ureia & glucose in urine
 (Signed) John O. Conwell M. D.
425 (address) St. Louis Saint

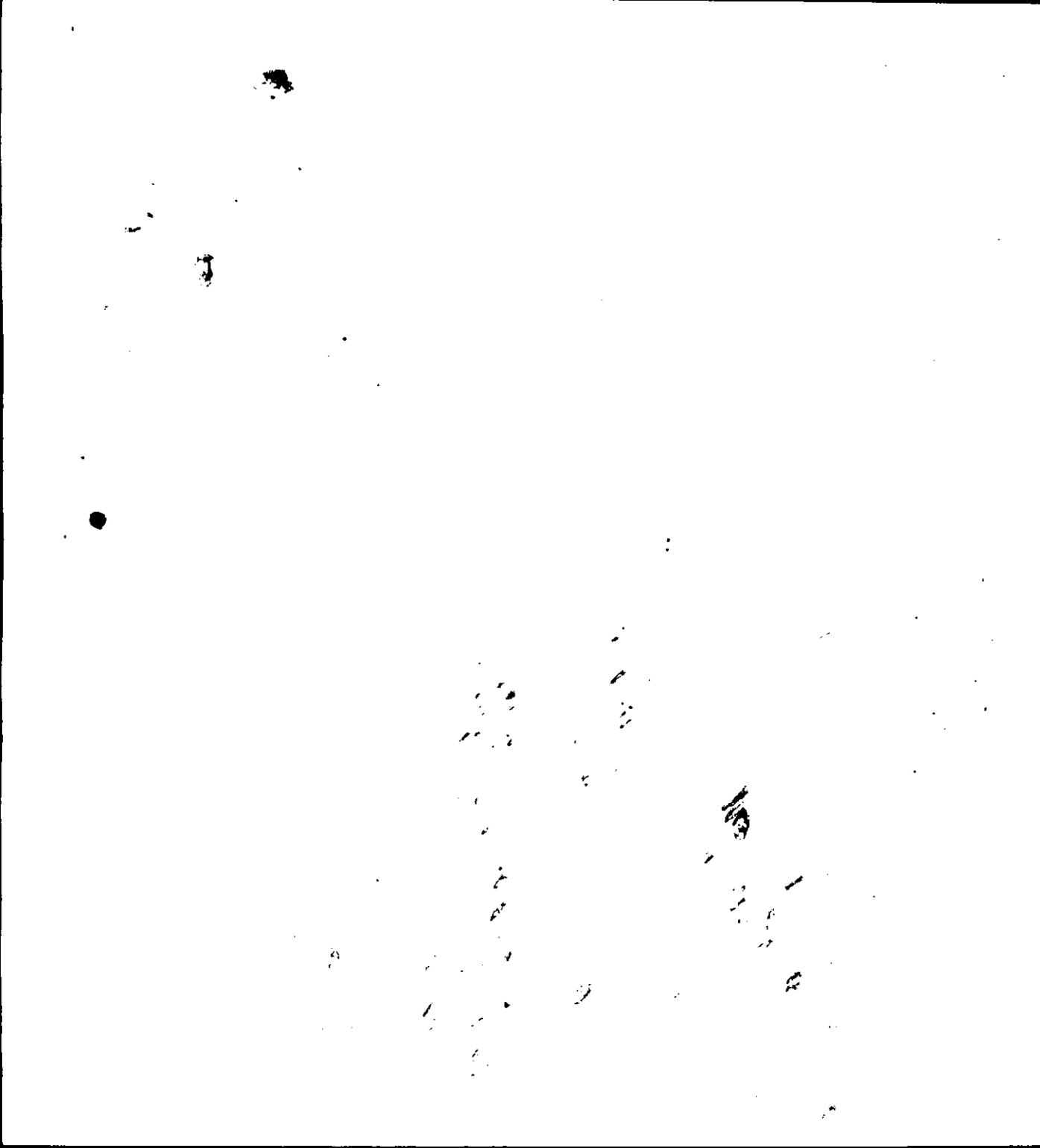
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Olive Jewish Cemetery DATE OF BURIAL June 26 1931

20. UNDERTAKER H. Rindskopf ADDRESS 5216 Selmar

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.

28 1931



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required to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Viola Watkins

Who died at: University City, Mo. on June 24, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Anaphylaxis following 1500 units Tetanus antitoxin

Contributory: Puncture wound right foot (Rusty nail) Prophylactic Injection

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

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