

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10950

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2062</u>		Registrar's No. <u>2433</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		3 <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7141 Delmar Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>7141 Delmar Blvd.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leah</u> b. (Middle) <u>Kattler</u> c. (Last) <u>Arbetter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22, 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan. 25, 1880</u>		9. AGE (In years if under 1 year last birthday) <u>69</u>	Months <u>0</u>	Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rumania</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Bernard Kattler</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Abraham Arbetter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl Heifetz-7141 Delmar Blvd.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 mins.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u>					<u>6-8 yrs</u>	
	DUE TO (c) <u>Generalized Atherosclerosis</u>					<u>8 yrs</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>94a</u>				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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/22</u> , 19 <u>44</u> , to <u>2/22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/5</u> , 19 <u>48</u> , and that death occurred at <u>7:30 P. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold Schuff M.D.</u>				23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED <u>2/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/25/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-25-49</u>		REGISTRAR'S SIGNATURE <u>Harold Schuff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harold Schuff, P.O. 5216 Delmar</u>			

MAR 25 1949

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**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.

Signed \_\_\_\_\_

*John Ketter*  
Licensed Embalmer No. 3880

Signed \_\_\_\_\_

Student Embalmer

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.