

No. 2
1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH.

26630

State File No.

Registrar's No.

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

6422

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4200 Manchester
(If rural, give location)
(e) Citizen of foreign country? No years (Yes or No)
If yes, name country U.S. Citizen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1941 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from
..... 19 August to August 5 41
that I last saw him alive on August 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Epidural abscess,
tuberculous (?) at level of 6th or
7th cervical vertebrae
Duration 14 days

Due to.....
Due to.....
Other conditions Pneumonia, probably tubercu-
(Include pregnancy within 3 months of death)
lous, left lower lobe.

Major findings:
Of operations.....
Of autopsy... Cervical epidural abscess,
& pneumonia left lower lobe
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 John J. Bredeck (M. D. or Reg.)
Address 601 Humboldt Bldg. Date signed 8/5/41

3. (a) PRINT FULL NAME Israel Gerstein

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

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

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

7. Birth date of deceased. Dec. 28, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 7 7 hr. min.

9. Birthplace Volhynia USSR
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Candy & Tobacco

11. Industry or business Candy & Tobacco

12. Name Shepard Gerstein

13. Birthplace USSR
(City, town, or county) (State or foreign country)

14. Maiden name Ida Bessie Thaler

15. Birthplace USSR
(City, town, or county) (State or foreign country)

16. (a) Informant A. Oxenhandler

(b) Address 4200 Manchester

17. (a) burial (b) Date thereof 8/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ChesedvShel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 Mt. Vernon

19. (a) AUG - 6 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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

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.....



Licensed Embalmer No.....

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.