

S. No. 2  
OM-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10000  
Registrar's No. 5108

FILED DEC 22 1943  
749

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 4642 Virginia  
(d) Length of stay: In hospital or institution 38 yrs  
In this community 38 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 4642 Virginia  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Abraham Gilgus  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or Race Wh  
6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Sophia  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased unknown

8. AGE: app. 59 Years Months Days If less than one day  
hr. min.

9. Birthplace Russia

10. Usual occupation Taylor

11. Industry or business none

12. Name Juda Gilgus

13. Birthplace Russia

14. Maiden name Esther Clara

15. Birthplace Russia

16. (a) Informant Esther Gilgus

(b) Address 4642 Virginia

17. (a) Burial (b) Date thereof 12-5-43

(c) Place: burial or cremation Mt Carmel Cem.

18. (a) Signature of funeral director P. Louis Tiner

(b) Address K. L. Mo

19. (a) 12-4-43 (b) D. E. Brown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 4  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Aug 31st 1942 to Dec 4th 1943  
that I last saw him live on Dec 4th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Hypertensive Myocardiosis  
Due to Hypertension Coronary Sclerosis  
Other conditions 93k

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature James D. Smith  
Address 218 Prof. Bldg. KC Mo Date signed 12/4/43

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

Prox. Blk.

MOTHER FATHER

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

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *R. L. Lewis* .....  
Licensed Embalmer No..... *3110* .....  
P. O. Address..... *H. C. D. M.* .....

**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.**