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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19514

FILED JUL 8 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5782

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1438 E. Grand ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1938-6-26-44 (Specify whether In this community 31 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1438 E. Grand ave. (If rural, give location) 9

(e) Citizen of foreign country alien (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gertrude Bronstein

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Joseph Bronstein

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

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

8. AGE: Years about 76 | Months | Days | If less than one day hr. min.

9. Birthplace Volhynia (City, town, or county) Poland (State or foreign country) 4

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Simon Reznick
13. Birthplace (City, town, or county) Poland (State or foreign country) 4

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Poland (State or foreign country) 4

16. (a) Informant Julius W. Bronstein

(b) Address 7100 Cambridge

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/28/44 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave.

19. (a) JUN 28 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1944 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1943, 19, to June 26, 1944 that I last saw her alive on June 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon ? — Duration 2 yrs.

Due to 46

Due to

Other conditions Senility (Include pregnancy within 3 months of death) Gen. Arteriosclerosis

Major findings:
Of operations
Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wendehoff (M. D. or other) MD

Address 508 N. Grand Date signed 6/27/44

(Licensed Embalmer's Statement on Reverse Side)

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. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.