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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34969**

FILED OCT 23 1948

Registrar's No. **2225**

Registration District No. **377**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 7537 Parkdale Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME JOSEPH GANZ

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha F. Ganz

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased: Unknown 15  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
About <u>54</u>	-	-	hr. min.

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

10. Usual occupation Painting Contractor

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Bertha Ganz

(b) Address 7537 Parkdale

17. (a) Burial (b) Date thereof 9-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chevrah Kadisha Cem.

18. (a) Signature of funeral director Herman Kadisha

(b) Address 5216 Delmar Blvd.

19. (a) 9-24-48 (b) Paul G. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23  
year 1948 hour 2 minute 16 P.M.

21. I hereby certify that I attended the deceased from Aug. 14, 1948, to Sept. 23, 1948.  
that I last saw him alive on Sept. 23, 1948,  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cardiac decompensation 7 wks.

Due to Coronary occlusion 4 1/2 mo.

Due to Hypertensive cardio-vascular disease 2 uncertain

Other conditions none

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none 93 d

Of operations.....

Of autopsy none

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 Henry L. Oppenheimer (M. D. or other) MD

Address 3720 Washington Ave (S) Date signed 9-24-48

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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 \_\_\_\_\_

*John Ketter*

Licensed Embalmer No. 3880

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.