

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38754

State File No.

10374

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>4 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4350 WARNE AVE. I</u>				d. STREET ADDRESS (If rural, give location) <u>9 4350 WARNE AVE</u>					
3. NAME OF DECEASED (Type or Print) <u>IRVING</u>		a. (First)		b. (Middle) <u>GORNSTEIN</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 1. 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 12 - 1912</u>		9. AGE (In years last birthday) <u>37</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>			11. BIRTHPLACE (State or foreign country) <u>RUSSIA 6</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>HARRY GORNSTEIN</u>			13b. MOTHER'S MAIDEN NAME <u>LIBBY ERLICH</u>			14. NAME OF HUSBAND OR WIFE <u>LILLIAN GORNSTEIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>3 1/2 yrs. 2 world wars</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ben Siegel</u> ADDRESS <u>1181 Partridge Ave.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis and Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Ventricular Hypertrophy</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>1 year</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) <u>9301</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HT 2nd</u>					
22. I hereby certify that I attended the deceased from <u>3-17-</u> , 19 <u>46</u> to <u>10-14</u> , 19 <u>49</u> that I last saw the deceased alive on <u>10-14-49</u> , 19 <u> </u> , and that death occurred at <u>3:00A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. Mistachkin MD.</u> (Degree or title)				23b. ADDRESS <u>3903 Olive St</u>			23c. DATE SIGNED <u>12-1-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHESED SHEL EMEH</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 2 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lusater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oxenhandler</u> ADDRESS <u>5010 Enright Ave.</u>					

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. Z. Overlander*

Licensed Embalmer No. *3669*

P. O. Address *5010 Enright Ave.*

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.