

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 6233
1423
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | c. LENGTH OF STAY (in this place) 30 yrs | c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY 4310 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp. | | d. STREET ADDRESS 7726 GANNON | |

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|---|------------------------|---|---|---------------------------------------|--|
| 3. NAME OF DECEASED a. (First) SYLVIA b. (Middle) GERSTEIN c. (Last) GERSTEIN | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1950 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED | 8. DATE OF BIRTH unk | 9. AGE (in years last birthday) 42 50 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (State or foreign country) Russia 6 | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Abr. Lortis | | 13b. MOTHER'S MAIDEN NAME unk. | 14. NAME OF HUSBAND OR WIFE Israel | | |

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|--|---------------------------|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Abe Gerstein 5269 Vernon | |
|--|---------------------------|--|--|

| | | | | |
|---|---|---------|----------------------------------|-------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, primary site | | | 6 mos |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) - | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension | | 3 years | | |

| | | |
|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 1998 |
| 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? |

22. I hereby certify that I attended the deceased from Dec. 27, 1949, to Feb. 13, 1950, that I last saw the deceased alive on Feb. 5, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

| | | |
|--|---|---|
| 23a. SIGNATURE L. Bottcher (Degree or title) | 23b. ADDRESS 607 N. Grand, St. Louis, Mo. | 23c. DATE SIGNED Feb. 13, 1950 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/15/50 | 24c. NAME OF CEMETERY OR CREMATORY Cedar Hill |
| 24d. LOCATION (City, town, or county) St. Louis | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bergen Memorial 4715 Madison | |
| DATE REC'D BY LOCAL REG. FEB 14 1950 | REGISTRAR'S SIGNATURE J. B. Lortis | |

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 _____

Quinn J. Anderson

Licensed Embalmer No. 4E29

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.