

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1950

State File No. 18362

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 4207

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 township) St. Louis Jewish Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) Clayton 4462	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.		d. STREET ADDRESS (If rural, give location) 728 Delmon 6	
3. NAME OF DECEASED (Type or Print) a. (First) GUSSIE		b. (Middle) KRUTCHIK	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 9, 1950	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Unk - abt -
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) USSR 4
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ephraim Unk	
13b. MOTHER'S MAIDEN NAME Chaim Golod		14. NAME OF HUSBAND OR WIFE Abraham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Nathan Krutchik		ADDRESS 839 Jackson	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheum. H. D. - Mitral Stenosis - Auric. Fibrillation DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2 days years - years		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) No.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) A110 X		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 June 18, 1946, to May 9, 1950, that I last saw the deceased alive on 5/9, 1950, and that death occurred at 11 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Arthur E. Strass M.D.		23b. ADDRESS 539 N. Grand.	
23c. DATE SIGNED 5/9/50		24a. BURIAL, CREMATION REMOVAL (Specify) Burial 0	
24b. DATE 5/10/50		24c. NAME OF CEMETERY OR CREMATORY Chesed Shek meth.	
24d. LOCATION (City, town, or county) (State) University City Mo.		DATE REC'D BY LOCAL REG. MAY 10 1950	
REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	
ADDRESS 4715 cPherson			

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

*James A. [Signature]*  
4229

Licensed Embalmer No. \_\_\_\_\_

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.