

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10118**
2019
Registrar's No.

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

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10118		Registrar's No. 2019					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis									
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN University City		4336							
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 726 Leland Ave.									
3. NAME OF DECEASED (Type or Print) ELEANOR			a. (First)			b. (Middle)			c. (Last) GHERTNER				
4. DATE OF DEATH FEB. 28, 1951		(Month)		(Day)		(Year)							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Nov. 25, 1926		9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 3 Days 3		IF UNDER 24 HRS. Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife				10b. KIND OF BUSINESS OR INDUSTRY Stin Bae & Fuller		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Harry Gertner				13b. MOTHER'S MAIDEN NAME Goldie Brilliant				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Harry Gertner-726 Leland Ave. ADDRESS							
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor (Malignant) INTERVAL BETWEEN ONSET AND DEATH unknown ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Increased Intracranial Pressure 3 weeks DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION 2/28/51		19b. MAJOR FINDINGS OF OPERATION As above						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)							
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? 193X									
22. I hereby certify that I attended the deceased from 2/21, 1951 , to 2/28, 1951 , that I last saw the deceased alive on 2/28, 1951 , and that death occurred at 11 P. m. , from the causes and on the date stated above.													
23a. SIGNATURE Leonard J. Furlow, M.D.-D (Degree or title)						23b. ADDRESS St. Louis, Mo.			23c. DATE SIGNED 3/1/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/2/51		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cemetary				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. MAR 2 1951		REGISTRAR'S SIGNATURE J. B. ...				25. FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS 52161 ...							

DEC 3 1958

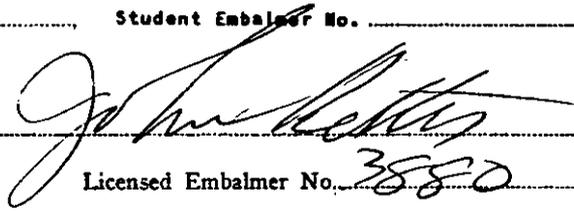
STATEMENT BY LICENSED EMBALMER

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.

Signed.....



Licensed Embalmer No. 3880

Signed.....
Student Embalmer

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.