

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6887**  
Registrar's No. **1027**

FILED FEB 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (In this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Jewish Hospital</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>1438 East Grand</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>GUSSIE</b> b. (Middle) _____ c. (Last) <b>WOOLF</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Jan. 31, 1952</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>Unknown</b>		
<b>9. AGE</b> (In years last birthday) <b>Abt. 79</b> If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>At home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Russia</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>6</b>			
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>David Woolf</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>no</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ben M. Berger-745 Interdrive</b>	
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral apoplexy</b> <b>lobar pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>arterio-sclerosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>490X</b>	
<b>22. I hereby certify that I attended the deceased from 5 AM, 1/31/52, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 PM, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>WENNERMANN</b> (Degree or title) <b>Saul Silbermann M.D.</b>			<b>23b. ADDRESS</b> <b>Mo. Theatre Bldg</b>		
<b>23c. DATE SIGNED</b> <b>2-1-52</b>					
<b>24a. BURIAL, CREMATION, REMOVAL</b> <b>Removal</b>		<b>24b. DATE</b> <b>2/1/52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Chesed Shel Emeth Cem.</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 2 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Herman [Signature]</b>	
<b>ADDRESS</b> <b>5216 [Address]</b>					

**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 *Peter B. Dubrouillet*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights*

**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.