

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9640

State File No. 2895  
Registrar's No.

FILED APR 12 1952

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 1371 Blackstone				0	
3. NAME OF DECEASED (Type or Print) GUSSIE		a. (First)		b. (Middle)		c. (Last) BAKER		4. DATE OF DEATH (Month) (Day) (Year) Mar. 27, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Aug. 26, 1890		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MTH. Hours Mins. 616	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) USSR		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wolf Smith			13b. MOTHER'S MAIDEN NAME Frieda Unk.			14. NAME OF HUSBAND OR WIFE Abe			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Morris Baker		ADDRESS 7142a Darthmouth			
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) <u>Carcinoma of esophagus &amp; stomach with metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
19a. DATE OF OPERATION 12-9-49		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of esophagus + cardiac end of stomach</u>						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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 150 X							
22. I hereby certify that I attended the deceased from 12-9-1949, to 3-27-52, that I last saw the deceased alive on 3-27-52, 19, and that death occurred at 7A. m., from the causes and on the date stated above.									
23a. SIGNATURE <u>George Johnson, M.D.</u>			(Degree or title)			23b. ADDRESS 3720 Washington		23c. DATE SIGNED 3-27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3/28/52		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel meth Cem.		24d. LOCATION (City, town, or county) (State) University City Mo.			
DATE REC'D BY LOCAL REG. MAR 27 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 Phelps				

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

*Louis L. Lyburg*  
Licensed Embalmer No. ~~123~~ *123*

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.