

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32957

State File No.

8946

Registrar's No.

DECEASED 4 1952

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis

c. LENGTH OF STAY (In this place) 15 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) St. Louis

d. STREET ADDRESS (If rural, give location) 1438 E Grand

3. NAME OF DECEASED

a. (First) LENA

b. (Middle)

c. (Last) GELLMAN

4. DATE OF DEATH 9-24-52

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Unknown

9. AGE (In years last birthday) Abt 82

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent

10b. KIND OF BUSINESS OR INDUSTRY Old Folks Home

11. BIRTHPLACE (City and State or Foreign Country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13a. FATHER'S NAME Jacob Weissman

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Sam Gellman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mollie Wasserman 5349 Cabanne

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Hypertensive Heart Disease

INTERVAL BETWEEN ONSET AND DEATH years

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 4200

22. I hereby certify that I attended the deceased from Dec. 27, 1946, to Sept. 24, 1952 that I last saw the deceased alive on Sept. 24, 1952 and that death occurred at 1:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joo. M. Orenstein, M.D.

23b. ADDRESS 4500 Olive St

23c. DATE SIGNED 9/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE Sept 26-52

24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth

24d. LOCATION (City, town, or county) (State) St. Louis County Mo

DATE REC'D BY LOCAL REGISTRY SEP 25 1952

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 5216 Helma

(Licensed Embalmer's Statement on Reverse Side)

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

5

S. No. 300
V. 10.48

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 *John Ketter*

Licensed Embalmer No. *3880*

P. O. Address *St Louis Mo*

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.