

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43433

State File No. _____

No. 300

10.48

FILED JAN 10 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11327**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1438 E. Grand		d. STREET ADDRESS 1438 E. Grand					
3. NAME OF DECEASED a. (First) JACOB		b. (Middle) GERBER		c. (Last)			
4. DATE OF DEATH Dec. 8, 1952		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) ab 82			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unk		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) USSR			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unk		13b. MOTHER'S MAIDEN NAME Unk			
14. NAME OF HUSBAND OR WIFE Freda		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 B. Winfield		ADDRESS 1438 E. Grand					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic hypertension 70 months DUE TO (c) Arteriosclerosis 11 months II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input 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? 4221		22. I hereby certify that I attended the deceased from 1438 E. Grand , 1952 , that I last saw the deceased alive on Dec 8, 1952 , and that death occurred at 2: P m. , from the causes and on the date stated above.					
23a. SIGNATURE Quinn Brown MD		23b. ADDRESS 1918 9th St. Grand		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/9/52		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth			
24d. LOCATION (City, town, or county) (State) University City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson			
DATE REC'D BY LOCAL REG. DEC 9 1952		REGISTRAR'S SIGNATURE J. C. Smith MD					

(Licensed Embalmer's Statement on Reverse Side)

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



Licensed Embalmer No. 4229

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.