

No. 300 FILED JAN 28 1953

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3125**
0410

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) OR TOWN S. Louis, Mo.		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location) 19 4517 Parkview			
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle) NMN		c. (Last) Gentle		4. DATE OF DEATH (Month) (Day) (Year) 1 14 53
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unk	9. AGE (In years last birthday) ab 70		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		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 Jacob Tucker			13b. MOTHER'S MAIDEN NAME Hannah Unknown		14. NAME OF HUSBAND OR WIFE Jake		
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 ADDRESS Jack Gentle 1139 Mt. Olive			
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) Hypertensive heart disease with failure					INTERVAL BETWEEN ONSET AND DEATH 10 years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Pneumonia, right lobar; Auricular fibrillation; Severe asthma;					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Renal failure				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from Jan 9, 1953 , to Jan 14, 1953 , that I last saw the deceased alive on Jan. 14, 1953 , and that death occurred at 1:38a.m. , from the causes and on the date stated above.							
23a. SIGNATURE F.R. Bradley				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 1/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/15/53	24c. NAME OF CEMETERY OR CREMATORY Chebra Kadisha		24d. LOCATION (City, town, or county) (State) University City Mo.		
DATE REC'D BY LOCAL REG. JAN 14 1953		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 Pherson	

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.....

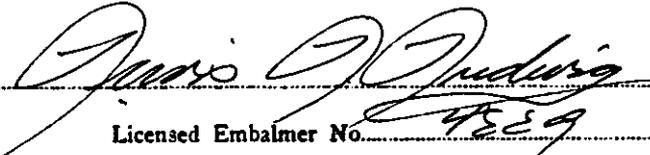
..... Student Embalmer No.

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.