

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11571

State File No.

Registrar's No.

APR 4 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		426 K	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 2463-Gothland Avenue			

3. NAME OF DECEASED a. (First) Naomi			b. (Middle) Cahn			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 15, 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 24, 1906			9. AGE (In years last birthday) 47		10. MONTHS 17	11. HOURS 17	12. MIN. 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (State or foreign country) Sweetwater, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Nicholas Williams			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Richard Cahn		
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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 Richard Cahn				ADDRESS 2463-Gothland Av-Overland Mo.			
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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								INTERVAL BETWEEN ONSET AND DEATH 4 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Hepatic-renal syndrome									
ANTECEDENT CAUSES		Resection of stomach for									
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) ulcer of duodenum									
		DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION 3/11/53		19b. MAJOR FINDINGS OF OPERATION ulcer of duodenum								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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? 5410		

22. I hereby certify that I attended the deceased from Feb 15, 1953, to March 15, 1953, that I last saw the deceased alive on March 15, 1953, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE P. E. Gausfeld		(Degree or title) O.M.S.		23b. ADDRESS 4500 Olive		23c. DATE SIGNED 3/17/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-18-1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Normandy, Mo.	
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DATE REC'D BY LOCAL REG. MAR 17 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		FUNERAL DIRECTOR'S SIGNATURE Chumann Bros. Inc.		ADDRESS 2504-Woodson Rd-Overland-Mo.	
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S.P. (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 3457

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed ¹⁵⁷¹ David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Overland 14

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.