

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26370

State File No. 6186
Registrar's No. 6186

FILED AUG 12 1953

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>ST. LOUIS</i>	
b. CITY OR TOWN <i>St. Louis, Missouri</i>		c. CITY OR TOWN <i>UNIVERSITY CITY</i>	
c. LENGTH OF STAY (If in this place) <i>2 wks</i>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>708 Interden</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>JAKE</i> b. (Middle) <i>(AKA JACOB)</i> c. (Last) <i>GENTLE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>JUNE 21, 1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Nov. 21, 1880</i>
9. AGE (In years last birthday) <i>67.3</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>merchant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>cigar etc</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>USSR</i>
11. BIRTHPLACE (City and State or Foreign Country) <i>USSR</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	13a. FATHER'S NAME <i>Wm Gentle</i>	13b. MOTHER'S MAIDEN NAME <i>Wm</i>
14. NAME OF HUSBAND OR WIFE <i>IDA</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>MRS K. WOLFF 708 Interden</i>
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.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pancreatitis</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Perforated peptic ulcers (2)</i>			
DUE TO (c) <i>Pulmonary Emphysema</i>			
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 <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? <i>5401</i>	
22. I hereby certify that I attended the deceased from <i>5-29-53</i> , 19___, to <i>6-21-53</i> , 19___, that I last saw the deceased alive on <i>6-21-53</i> , 19___, and that death occurred at <i>8:15A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>George M. Workman M.D.</i>		23b. ADDRESS <i>1515 Lafayette Avenue</i>	23c. DATE SIGNED <i>6-22-53</i>
24a. BURIAL CREMATION REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>6/22/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chera H Adolph</i>	24d. LOCATION (City, town, or county) (State) <i>University City Mo</i>
DATE REC'D BY LOCAL REG. <i>JUN 22 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bryan Thomas 4715 Madison</i>	

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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.