

FILED AUG 6 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 27282

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1981

1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural: Airport Township</i>		c. LENGTH OF STAY (in this place) <i>3 weeks</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		d. STREET ADDRESS (If rural, give location) <i>2059</i> <i>5603 Kingsbury Ct.</i> <i>1</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jewish Sanatorium Robertson Mo</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Jacob</i> b. (Middle) _____ c. (Last) <i>Gershman</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7 17 53</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>unk.</i>	9. AGE (In years last birthday) <i>ab 84</i>	IF UNDER 1 YEAR Months Days <i></i>
IF UNDER 1 HR. Hours Mins. <i></i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Peddler</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>scrap metal</i>	11. BIRTHPLACE (State or foreign country) <i>USSR</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Unk. Gershman</i>		13b. MOTHER'S MAIDEN NAME <i>Unk.</i>		14. NAME OF HUSBAND OR WIFE <i>Goldie</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>Goldie Gershman 5603 Kingsbury</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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular accident</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>General and cerebral arteriosclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> <i>many years</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>331X</i>				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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 25</i> , 1953, to <i>July 17</i> , 1953, that I last saw the deceased alive on <i>July 17</i> , 1953, and that death occurred at <i>3:40 P. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Frank H. Jacoby M.D.</i>			23b. ADDRESS <i>Jewish Sanatorium</i>		23c. DATE SIGNED <i>7/17/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7/19/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth C.</i>	24d. LOCATION (City, town, or county) (State) <i>University City Mo.</i>		
DATE REC'D BY LOCAL REG. <i>7-19-53</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Romke M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Berger Memorial 4715 McPherson</i>		

(Licensed Embalmer's Statement on Reverse Side)

52V

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

James A. [Signature]
.....
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.