

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33047

FILED OCT 15 1953

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State File No. \_\_\_\_\_  
Registrar's No. 9188

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 9188					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisburg 8120							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns				d. STREET ADDRESS (If rural, give location) 800 E Church 8									
3. NAME OF DECEASED (Type or Print) a. (First) ROSE			b. (Middle)			c. (Last) CORNICK			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) ab 85		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.	
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 Morris Gudder				13b. MOTHER'S MAIDEN NAME Betsy Unk.				14. NAME OF HUSBAND OR WIFE Moritz					
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 ADDRESS Mrs. Tillie Gowseiw 6659 41 <sup>st</sup> Kingsbury							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic coronary disease 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 4 days			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								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? 4201									
22. I hereby certify that I attended the deceased from 9-20, 1953, to 9-23, 1953, that I last saw the deceased alive on 9-22, 1953, and that death occurred at 6 a.m., from the causes and on the date stated above.													
23a. SIGNATURE Arthur K. Truskel MD. 0						23b. ADDRESS 18 So. Kingsbury				23c. DATE SIGNED 9-23-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 9/23/53		24c. NAME OF CEMETERY OR CREMATORY B'nai Amoona				24d. LOCATION (City, town, or county) (State) University City Mo.					
DATE REC'D BY LOCAL REG. SEP 23 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiger Memorial 4715 McPherson							

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. 3988

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.