

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45319

FILED JAN 20 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12295**

1. PLACE OF DEATH a. COUNTY 0		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 OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (In this place) DOA	c. CITY OR TOWN University City 4336
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 6305 Cabanne		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) Abraham	a. (First)	b. (Middle)	c. (Last) Goruch	4. DATE OF DEATH December 27, 1953	(Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown 7-25-15 1879	AGE (In years last birthday) 38-7-14	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	10b. KIND OF BUSINESS OR INDUSTRY Tailor Shop	11. BIRTHPLACE (City and State or Foreign Country) Russia 6	12. CITIZEN OF WHAT COUNTRY? USA	IF UNDER 4 HRS. Hours Min.	

13a. FATHER'S NAME Nuchum Goruch	13b. MOTHER'S MAIDEN NAME Edith Unknown	14. NAME OF HUSBAND OR WIFE Rebecca
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 Rebecca Goruch ADDRESS 6305 Cabanne

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Over 8 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of Larynx		
	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. Arteriosclerotic heart disease		Sev. years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. INCIDENT 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? 161X
22. I hereby certify that I attended the deceased from 7/4 , 19 50 , to 12/27 , 19 53 , that I last saw the deceased alive on 12/27 , 19 53 , and that death occurred at 5:15 p. m. , from the causes and on the date stated above.		

23a. SIGNATURE F. H. Bradley (Degree or title) M.D.	23b. ADDRESS 600 South Kingshighway	23c. DATE SIGNED 12/28/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/29/1953	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State) University City, Mo.		

DATE REC'D BY LOCAL REG. DEC 29 1953	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson Ave.
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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.....
Signature of Student Embalmer

Signed *Julio J. Judura*.....

Licensed Embalmer No. *4289*.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 45319-3
Local Registrar's No. 12295

State of Missouri
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of January, 1954, before me appears _____, who, upon his oath, states that the original record of ^{birth} death for Abraham Boruch, died Dec. 27, 1953, in the State of Missouri, and which was filed at St. Louis, Mo. on Dec 28, 1953, should be corrected as follows:

Item No. 9 should read 74

Instead of sub 78

Item No. 8 should read Feb. 15-1879

Instead of unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL) _____ Affiant Mendel Stern Relationship Father

Benjamin Stern Relationship Son

8715 The Plaza Present Address.

Subscribed and sworn to before me this 14th day of January, 1954

My Commission expires June 8, 1955 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write over it.

1899

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