

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38932

10085

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10085</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>2 wks</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>5749 Kingsbury</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Gus</b> b. (Middle) <b>MMN</b> c. (Last) <b>Klein</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 4, 1954</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Marr.</b>		8. DATE OF BIRTH <b>April 7, 1893</b>	
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor Retail</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Tailor</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>USSR</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>--</b>			13b. MOTHER'S MAIDEN NAME <b>--</b>		14. NAME OF HUSBAND OR WIFE <b>Anna</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-38-4111</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Klein</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lung (right)</b>  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. <b>pulmonary emphysema</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>	
19a. DATE OF OPERATION <b>10/19/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Right pneumonectomy. Undifferentiated carcinoma</b>				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>163x</b>			
22. I hereby certify that I attended the deceased from <b>Oct. 17, 1954</b> , to <b>Nov. 4, 1954</b> , that I last saw the deceased alive on <b>Nov. 4, 1954</b> , and that death occurred at <b>3:10P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>FR Bradley M. D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>11/1/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem.</b>		24b. DATE <b>11/7/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Beth Ham Hag</b>		24d. LOCATION (City, town, or county) (State) <b>Ladue Mo.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 8 1954</b>		REGISTRAR'S SIGNATURE <b>J. Charles Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial</b>		ADDRESS <b>4715 McPherson</b>	

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

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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. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.