

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3282

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>119</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY OR TOWN <u>University City</u>		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 <u>7375 Tulane</u>				e. STREET ADDRESS (If rural, give location) <u>7375 Tulane</u>							
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>			a. (First)		b. (Middle)		c. (Last) <u>GORENSTEIN</u>				
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Jan. 15 1955</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>ab. 1896</u>		9. AGE (In years last birthday) <u>ab 58</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scrap iron</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>USSR</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Unknown Gorenstein</u>			13b. MOTHER'S MAIDEN NAME <u>(unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Gorenstein</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>(unk)</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ashley Boguslaw</u>				ADDRESS <u>7375 Tulane</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>9 yrs.</u>			
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) <u>4201</u>							
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 <u>1/12/55</u> , 19 <u>55</u> , to <u>1/15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1/15</u> , 19 <u>55</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or Title) <u>D. Hance</u>				23b. ADDRESS <u>Mid. 465 Maryland</u>			23c. DATE SIGNED <u>1/19/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/17/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>Univ. City, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>1/17/55</u>		REGISTRAR'S SIGNATURE <u>Hester R. Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>		ADDRESS <u>4715 McPherson</u>					

(Licensed Embalmer - Statement on Reverse Side)

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

No. 300  
10-48

020

**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.....  
*Lawrence J. Dineen*

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.