

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

25907  
State File No. 5391  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE                  |  | b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)                                    |  | c. CITY OR TOWN  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place)<br>2 wks.   |  | c. CITY OR TOWN<br>University City   |  | a. STREET ADDRESS (If rural, give location)<br>800 Kingsland   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>14 Jewish Hosp.  |  | a. STREET ADDRESS  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>June 8 1957   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br>Gershon  |  | b. (Middle)  |  | c. (Last)<br>Ashkanazi   |  |
| 5. SEX<br>Male  |  | 6. COLOR OR RACE<br>White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Marr.  |  |
| 8. DATE OF BIRTH<br>Aug. 30, 1898   |  | 9. AGE (In years last birthday)<br>58  |  | 10. MONTHS<br>8  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Merchant |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Mens Clothing   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>USSR   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>USA   |  | 13a. FATHER'S NAME<br>Samuel Ashkanazi   |  | 13b. MOTHER'S MAIDEN NAME<br>Rifka (unk)   |  |
| 14. NAME OF HUSBAND OR WIFE<br>Mollie   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No |  | 16. SOCIAL SECURITY NO.<br>88-09-8920  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Mollie Ashkanazi   |  | ADDRESS<br>800 Kingsland   |  |  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>Coercinoma of Lung  |  | INTERVAL BETWEEN ONSET AND DEATH<br>6 months  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Anteroselectic Heart Disease  |  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Metastatic to Liver, Lymph nodes, Pelvis<br>DUE TO (c) |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br>163x  |  | 20. AUTOPSY?<br>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)  |  | 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 5-27, 1957, to 6-8, 1957, that I last saw the deceased alive on 6-2, 1957 and that death occurred at 3:50 p.m., from the causes and on the date stated above. |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br>D. Lester Joffen MD  |  | 23b. ADDRESS<br>714 Hamilton Ave U. City Mo  |  | 23c. DATE SIGNED<br>6-8-57   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 24b. DATE<br>6/10/57   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Chesed Shel Emeth              |  |
|  |  |  |  | 24d. LOCATION (City, town, or county) (State)<br>University City, Mo |  |
| DATE REC'D BY LOCAL REG.<br>JUN 10 57  |  | REGISTRAR'S SIGNATURE<br>Carl Smith MD   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Berger Memorial 4715 Moherson    |  |

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

1957  
JUL 16

St. Louis

Mo.

o

University City

St. Louis

St. Louis

800 University

Teach Hosp.

28

Aug. 30, 1898

Mrs.

White

Miss

USA

USA

Mens Clothing

Merchant

Mollie

Risks (Mollie)

Samuel Washburn

800 University

800-820 Mollie Washburn

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ..... Student Embalmer No. ....

working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Quinn J. Quindry*  
Licensed Embalmer No. 422

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.

Berger Memorial Mortuary