

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019711
STATE FILE NUMBER

1003

5267

FILED MAY 23 1958

Registration District No. 318

318

Primary Registration District No.

Registrar's No.

5267

300
1-57

Health,
Welfare
Public
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4843 Maffitt Ave.</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>4843 Maffitt Ave.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Nat. C. Gersman</i>		4. DATE OF DEATH Month Day Year <i>May 17 1958</i>	
5. SEX <i>0</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5-5-1890</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Window Display</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>68</i>
11. BIRTHPLACE (City and state or country) <i>St. Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Henry Gersman</i>		13b. MOTHER'S MAIDEN NAME <i>Jenny Hausman</i>	14. NAME OF HUSBAND OR WIFE <i>Loretta Eustace</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes Navy W.W. #1</i>		16. SOCIAL SECURITY NO. <i>486-22-9460</i>	17. INFORMANT Address <i>Loretta Gersman, 4843 Maffitt Ave.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of bladder</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } (b) <i>bronchitis + dehydration</i> DUE TO (c) <i>metastatic lesion</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> <i>1 week</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>metastatic lesion</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>5-7</i> to <i>5-16-58</i> and last saw her alive on <i>5-16-58</i> Death occurred at <i>3:30 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>M. Kimmelman MD</i>		22b. ADDRESS <i>2926 Union</i>	22c. DATE SIGNED <i>5-19-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5-20-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Cullinane Bros. 3320 N. Kingshighway</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 1958</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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 *John S. Penney*

Licensed Embalmer No. *4194*
P. O. Address *St Louis*

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.