

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026993  
STATE FILE NUMBER

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6037

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 4336
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 Jewish Hosp.		Length of stay in lb 7 wks.	d. STREET ADDRESS 800 Leland (If outside, give location) 27
3. NAME OF DECEASED (Type or print) PEARL		First Middle Last GORMAN	4. DATE OF DEATH Month Day Year June 12, 1958
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) ab. 64
11. BIRTHPLACE (City and state or country) USSR 6		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Israel Nebrock		13b. MOTHER'S MAIDEN NAME Faiga	
14. NAME OF HUSBAND OR WIFE Morris		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Morris Gorman 800 Leland Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Acute Cerebral Thromboses DUE TO (c) Coma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus; Hemiplegia			INTERVAL BETWEEN ONSET AND DEATH 36 hours 7 weeks 5 weeks
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 April 21, 1958 to June 11, 1958 and last saw her alive on June 11, 1958 Death occurred at June 12, 1958 in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. J. Gooderson, M.D.		22b. ADDRESS 508 N. Grand	
22c. DATE SIGNED 6-12-58		23a. BURIAL CREMATION, REMOVAL (Specify)	
23b. DATE 6/13/58		23c. NAME OF CEMETERY OR CREMATORY Chevre Kadisha Cem.	
23d. LOCATION (City, town, or county) (State) University City, Mo.		24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson ADDRESS	
25. DATE RECD. BY LOCAL REG. JUN 12 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. G.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Henry D. Beidler* .....

Licensed Embalmer No. *4229* .....

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.