

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045735
State File No.

FILED DEC 22 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11705**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) St. Louis		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Madison <i>812g</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		. STREET ADDRESS (If rural, give location) 32 712 Madison Avenue	

3. NAME OF DECEASED (Type or Print) Louis		a. (First)	b. (Middle)	c. (Last) Gushleff	4. DATE OF DEATH (Month) (Day) (Year) December 2 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH March 15, 1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 8 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soda Distributor		10b. KIND OF BUSINESS OR INDUSTRY Ret. 8 years		11. BIRTHPLACE (City and State or Foreign Country) Macedonia		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Gushleff		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Mary	
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. 318-30-9106		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Thomas Gushleff G. City Ill.</i>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cancer of colon with metastasis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153.8		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 11/30, 1958, to 12/3, 1958, that I last saw the deceased alive on 12/2, 1958, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE L. M. Aronberg (Degree or title) <i>L. M. Cronberry</i>		23b. ADDRESS 4652 Maryland Av		23c. DATE SIGNED 12/4/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. to Madison		24b. DATE 12/3/58		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	
		24d. LOCATION (City, town, or county) (State) Edwardsville, Illinois			

DATE REC'D BY LOCAL REG. DEC 4 '58		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Francis J. Sahy Madison Ill.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Francis J. Fahey*.....

Licensed Embalmer No. *279*.....

P. O. Address *Madison Ill*.....

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.