

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046022
STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12063

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 incorporated limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 400 6		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
14 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in lb 18 days	d. STREET ADDRESS (If outside, give location) 27 7287 Delmar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GABRIEL MARKENSON			4. DATE OF DEATH Month Day Year Dec. 15, 1958		
5. SEX Male <input checked="" type="checkbox"/>	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 May 15, 1891	9. AGE (In years first birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during major part of life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Shoes	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Moishe Markenson		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Gertrude	
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. 496-36-5075	17. INFORMANT Address Gertrude Markenson 7287 Delmar		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>congestion failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>shock</u> DUE TO (c) <u>acute cortical (renal) necrosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>603 Y</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u> <u>24 hours</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>603 Y</u>			
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 <u>Nov. 27, 1958</u> to <u>Dec 15, 1958</u> and last saw him alive on <u>Dec 15, 1958</u> Death occurred at <u>7:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Donald H. Fenger, M.D.</u>		22b. ADDRESS <u>1007 N. Euclid</u>		22c. DATE SIGNED <u>12-15-58</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>12/16/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cheвра Kadisha</u>	23d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>		
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>DEC 15 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith, MD</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 
Licensed Embalmer No. 2119

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.