

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-008286

FILED VS MAR 1 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 2608** STATE FILE NUMBER

|  |   |   |  |  |  |  |   |  |
|--|---|---|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b> |  |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |   | Length of stay in 1b<br><b>1 1/2 hours</b>  |  | c. CITY OR TOWN <b>Madison</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |  | d. STREET ADDRESS (If outside, give location)<br><b>1108 Grand Ave.</b>                  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>STEVE</b> Middle <b>NAUM</b> Last <b>GUSHLEFF</b>   |   |   |  | 4. DATE OF DEATH<br>Month <b>3</b> Day <b>4</b> Year <b>60</b>   |  |  |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>8-31-10</b>   | 9. AGE (last birthday)<br><b>49</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Mln. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Crane Operator</b>   |   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>A. O. Smith Corp.</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Macedonia, Greece</b>                   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Naum Gushleff</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sophia Miofsky</b>   |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Theresa Gushleff</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |   |   | 16. SOCIAL SECURITY NO.<br><b>333-03-2053</b>  |  | 17. INFORMANT<br><b>Theresa Gushleff</b> Address <b>1108 Grand Av. Madison, Illinois</b> |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br>DUE TO (b) <b>Essential Hypertension</b><br>DUE TO (c) <b>331X</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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.)           |  |  |  |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. Month, Day, Year _____   |   |   | 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<br>COUNTY _____ STATE _____                              |  |
| 21. I attended the deceased from <b>June 1957</b> to <b>3/4/60</b> and last saw him alive on <b>3/4/60</b><br>Death occurred at <b>10<sup>10</sup> 9. M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |  |  |  |  |   |  |
| 22a. SIGNATURE<br><b>Robert Potashnick M.D.</b> (Degree or title)  |   |   |  | 22b. ADDRESS<br><b>3720 Washington</b>   |  |  | 22c. DATE SIGNED<br><b>3/5/60</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>  |   | 23b. DATE<br><b>3-7-60</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Sunset Hill</b>   |  | 23d. LOCATION (City, town, or county)<br><b>Madison County Illinois</b>                  |  |   |  |
| 24. FUNERAL DIRECTOR<br><b>John L. Sedlack</b> ADDRESS <b>Madison, Ill.</b>  |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 5 1960</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>                                     |  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John T. Sedlack*

Licensed Embalmer No. 3747

P. O. Address Madison,

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.