

FILED VS SEP 2 1960

60-031942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8442 STATE FILE NUMBER

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                 |  | a. STATE <u>Mo.</u>   | b. COUNTY   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> |  | c. CITY OR TOWN <u>St. Louis</u>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  |  | d. STREET ADDRESS (If outside, give location)<br><u>108 N. Kingshiway</u>             | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>(AUGUST) GUS D. BRODSKY.</u>                    |                                  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Aug. 27, 1960</u>     |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-15-1888</u>                           | 9. AGE (last birthday)<br><u>72</u>                        | IF UNDER 1 YEAR<br>Months Days Hours Min.      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Merchant</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Clothing</u>   | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis</u> |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u> |
| 13a. FATHER'S NAME<br><u>Daniel Brodsky</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Annie Polinsky</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Mary Bierman Brodsky</u> |  |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>Unk.</u> | 17. INFORMANT<br><u>Malcolm Brodsky #7 Bon Hills</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Carcinoma of colon with metastases 2 years</u>                                    |   |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) _____<br>DUE TO (c) <u>153.8</u> |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerotic Cardiovascular Disease</u> | 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 |
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| 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.) |
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| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>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 |
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21. I attended the deceased from Aug 8, 1960 to Aug 27, 1960 and last saw him alive on Aug 26, 1960  
Death occurred at 3:50 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><u>Caron Birenbaum, M.D.</u> | 22b. ADDRESS<br><u>462 W. Taylor.</u> | 22c. DATE SIGNED<br><u>8/27/60.</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>8-28-60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Chesed Shel Emeth</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis, County, Mo.</u> |
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| 24. FUNERAL DIRECTOR<br><u>Herman Hindskopf Inc. 5212 Delmar</u> | 25. DATE REGISTERED BY<br><u>AUG 29 1960</u> | 26. REGISTRAR'S SIGNATURE<br><u>Wood Smith, M.D.</u> |
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BY AFFIDAVIT OF funeral director MEDICAL CERTIFICATION DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Keller  
Licensed Embalmer No. 3880

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.