

REC'D MAR 9 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

5511

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 379
 (b) Township Clinton Primary Registration District No. 1002
 (c) City Clarendon City (d) Street No. 5331 Highland Registered No. 710
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5351 Highland St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) no record

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RussiaFATHER 13. NAME Barthelemi Gasman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RussiaMOTHER 15. MAIDEN NAME Anna M. Dolove16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia17. INFORMANT (ADDRESS) Sister Equille 5331 Highland18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Ch. 7/10/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Levy & Son Levee, 9th main

20. FILED 2/19/39 M. M. Crain Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 to Feb. 17, 1939
 I last saw him alive on Feb 17 1939 Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 6 days

Other contributory causes of importance:

Arteriosclerosis 10420

Name of operation none Date of _____What test confirmed diagnosis? Arteriosclerosis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1939

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Paul V. O'Rourke, M. D.(Address) 1407 Bryant City

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.