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-39
K23159

AND FEB 25 1941 791

State File No.

Registration District No. Primary Registration District No. **1003**

Registrar's No. **624**

1. PLACE OF DEATH:

(a) County.....
(b) City or town. **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Lukes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Evelyn Gonek**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph Gonek**
6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **About 36** Months **--** Days **--**
If less than one day hr. min.

9. Birthplace **Detroit Mich.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **M. Levinson**

13. Birthplace **Russia**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Gonek**
(b) Address **4005 Monterey - Detroit**

17. (a) **Removal** (b) Date thereof **1-20-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Detroit Mich.**

18. (a) Signature of funeral director **Herman Rudolph**
(b) Address **5216 Delmar Blvd.**

19. (a) **JAN 20 1941** (b) **J. P. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **Detroit Mich.**
(If outside city or town limits, write "RURAL")
(d) Street No. **4005 Monterey**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **20**
year **1941** hour **12** minute **15p** M.

21. I hereby certify that I attended the deceased from **1-7-41**, 19... to **Jan 20-41**, 19...
that I last saw her alive on **Jan 20-41**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: **Post-Encephalitis Residual Paralysis legs torso**
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: **Post-Encephalitis Res...**
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
Means of injury.....
23. Signature **J. P. Braddock** (M. D. or other)
Address **Delmar Blvd.** Date signed.....

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Chas. W. Cooper

Licensed Embalmer No.

3830

P. O. Address.....

5216 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.