

FILED JUL 6 1942 791

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5324

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jewish Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether

In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5520 Pershing
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Gussie Shcolnik

3. (b) If veteran, name war No

3. (c) Social Security No No

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Harry Shcolnik

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (unk)
(Month) (Day) (Year)

8. AGE: Year 63 Months Days If less than one day

ab. 63 hr. min.

9. Birthplace Kaunas Lithuania Russia
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Aaron Pruss

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

14. Maiden name (unk)

15. Birthplace Lithuania Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin G. Shcolnik

(b) Address 4155a Shaw

17. (a) burial (b) Date thereof 6/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B'Nai Amoona

18. (a) Signature of funeral director Berger Memorial

(b) Address 4815 McPherson

19. (a) JUN 21 1942 (b) J. J. Madock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1942 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 27, 1942, to June 20, 1942

that I last saw her alive on June 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cachexia

Duration 2 months

Due to Carcinoma of Ovary

Duration 6 months

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

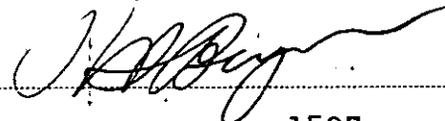
While at work? (Specify type of place) (e) Means of injury

23. Signature H. Rindberg (M. D. or other) M.D.
Address Jewish Hospital Date signed 6/21/42

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. 1597

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, fact should be so stated above.