

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42391

FILED DEC 30 1954

State File No.

10936

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2 hrs</u>		c. CITY OR TOWN <u>University City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>7244 Shaftsbury</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u> b. (Middle) <u>Ger</u> c. (Last) <u>shon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Marr.</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>ab. 55</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>USSR 6</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Sam Gershon</u>			13b. MOTHER'S MAIDEN NAME <u>Tda---</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Gershon</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Gershon</u> ADDRESS <u>7244 Shaftsbury</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Mitral & Aortic Stenosis & Insufficiency 15 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Fever</u> DUE TO (c) <u>—</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>							<u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>410X</u>				
22. I hereby certify that I attended the deceased from <u>10/9</u> , 19 <u>54</u> , to <u>11/29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/29</u> , 19 <u>54</u> , and that death occurred at <u>5:25</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William E. Strand M.D.</u>				23b. ADDRESS <u>539 N. Grand</u>		23c. DATE SIGNED <u>11/30/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>		24b. DATE <u>12/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 30 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u> ADDRESS <u>4715 McPherson</u>				
(Licensed Embalmer's Statement on Reverse Side)								

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4229

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.