

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008650

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Filed in District No.

318

Primary Registration District No.

1003

Registrar's No.

1602

FILED FEB 21 1963

VS-300 Rev. 4/59	DATE AMENDED
1	
3	
4	0
5	1
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7	2
8	2
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12	4-0
13	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ
ITEM NO.	SHOULD READ
BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	c. CITY OR TOWN
St. Louis		3 wks.	University City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
Jewish Hosp.			863 Westgate
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
MAX (A KA GIDLOWITZ) GIDLOW			Feb. 13, 1963
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	Cauc.		1-15-1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
Merchant		Retail Grocer	Lithuania
12. CITIZEN OF WHAT COUNTRY		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Gershon Gidlowitz		Unk.	Pauline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	17. INFORMANT Address
No			Pauline Gidlow 863 Westgate
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			INTERVAL BETWEEN ONSET AND DEATH
Uremia			
Acute Renal failure			3 days
Cyclonephritis			8 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.
Generalized Atherosclerosis 6000			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	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	COUNTY STATE
		2/13/63	
21. I attended the deceased from <u>2/11/63</u> to <u>2/13/63</u> and last saw her/him alive on <u>2/13/63</u>		Death occurred at <u>1:55 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED	
Allen W. Lardo M.D.	216 So. Kingshighway	2/13/63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
Rem.	2/11/1963	Beth Hamedrosh Hadodol	Ladue Mo.
24. FUNERAL DIRECTOR Address	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Berger Memorial 4715 McPherson	FEB 13 1963	Joan Smith, M.D.	

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.