

DEC'D MAY 19 1939

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

14342

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 466
 (c) City St. Joseph, Mo. (d) Street No. Cancer Hospital #2, State Hosp. #2 St.
 (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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

426 JULIUS S. OLISH
 (a) Residence, No. 2319 Sylvania, St. Joseph, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Olish</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-15-1875</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>4</u>	DAYS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>		11. Total time (years) spent in this occupation <u>Unknown</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>		
13. NAME <u>Peter Olish</u> <u>6</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>6</u>		
15. MAIDEN NAME <u>Johanna (Gent)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Anna Olish - wife</u> (ADDRESS) <u>2319 Sylvania, St. Joseph, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Olivet</u> DATE <u>May 3, 1939</u>		
19. FUNERAL DIRECTOR <u>Benny - Willie</u> (ADDRESS) <u>218 South 10th St</u>		
20. FILED <u>May 2, 1939</u> <u>H. J. Nestlebrook</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939, to May 1, 1939
 I last saw him alive on May 1, 1939. Death is said to have occurred on the date stated above, at 10 A.M.
 The principal cause of death and related causes of importance were as follows:
Adenoma
Carcinoma Grade I
 Date of onset P.

Other contributory causes of importance: Broncho-
Pneumonia April 2, 1939
3 days

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 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? no
 If so, specify None
 (Signed) Joseph M. Olish, M. D.
85 (Address)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

50

STATEMENT BY LICENSED EMBALMER

I, D. E. Ryan Licensed Embalmer No. 3613

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed D. E. Ryan
Licensed Embalmer No. 3613

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.)

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH INSPECTION
DIVISION OF PUBLIC HEALTH
ST. LOUIS, MISSOURI

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

14342
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township St Joseph Primary Registration District No. 1001 Registered No. 466
 (c) City St Joseph (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Julius S. Olish
 (a) Residence, No. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
- | 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|------------|----------|-----------|--|
| | <u>103</u> | <u>4</u> | <u>16</u> | |
- OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____
- FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
- MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19
19. FUNERAL DIRECTOR (ADDRESS) _____
20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1937
22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.
- I last saw h. _____ alive _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
- The principal cause of death and related causes of importance were as follows:
adipoma
Carcinoma Grade I
Stomach
Pneumonia
Broncho
- Other contributory causes of importance: _____
- Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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) W. J. Glane M. D.
 (Address) St Joseph mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar

