DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34697

Registration District No. 791 Primary Registration District No. Registrar's No. 9235

1003 NOV 13 1939

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: Jewish Hospital 1 (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County University City

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

(d) Street No. 6621 University Dr. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 yrs. years.

3. (a) PRINT FULL NAME Pearl Gollub 410

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 J.M. Gollub

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Unknown (Month) Abt 1886 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	53	--	--	hr. min.

9. Birthplace (City, town, or county) Roumania 7 (State or foreign country)

10. Usual occupation At Home 7

11. Industry or business

FATHER
12. Name Morris Abramowitz 7
13. Birthplace Roumania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Kopolowitz
15. Birthplace Roumania (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J.M. Gollub

(b) Address 6621 University Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Herman Rondskopf

(b) Address 5216 Delmar Blvd.

19. (a) OCT 28 1939 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1939 hour 4 minute 50 M.

21. I hereby certify that I attended the deceased from Aug. 20, 1939, to Oct. 27, 1939; that I last saw her alive on Oct. 27, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: Carcinoma of Stomach	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jerome Ammon (M. D. or other)

Address 508 N. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-17-39 1 X19511

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 Charles 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.