

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33773**
Registrar's No. **8470**

District No. **791**

Primary Registration District No. _____

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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days**
(Specify whether
In this community **60 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Frank Gottlieb**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-05-9108**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Cora Gottlieb** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 7 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **4** Days **4** If less than one day
hr. _____ min. _____

9. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary**

11. Industry or business **Title Insurance Agency**

12. Name **Isaac Gottlieb**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Maria Hyams**

15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence B. Gottlieb**

(b) Address **Gatworth Hotel**

17. (a) **Burial** (b) Date thereof **10-13-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Rindshoff**
(b) Address **5216 Delmar Blvd.**

19. (a) **OCT 12 1940** (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **12**
(If outside city or town limits, write "RURAL")
(d) Street No. **Gatesworth Hotel**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **11**
year **1940** hour **6** minute **0** A.M.

21. I hereby certify that I attended the deceased from **7/24/33**, 19____ to **10/10**, 19**40**
that I last saw him alive on **10/10**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of lung**
Tuberculosis of lung

Due to _____

Due to _____

Other conditions **MI**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy **Carcinoma of lung**
Tuberculosis of lung

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 **E. P. Probst** (M. D. or other) **M. P.**

Address **4500 Olive** Date signed **10/11/40**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Chas. W. 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, fact should be so stated above.