DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29734

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 7072

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:
4525 Lindell Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4525 Lindell Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jerome I. Olian

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male /

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Anna G. Olian

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Unknown about 1884
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 57	--	--	hr. min.

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

10. Usual occupation Merchant

11. Industry or business Ready to wear

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Addison Olian
(b) Address 711 Brittany Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

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

19. (a) SEP 2 1941 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st year 1941 hour 12:30 A.M. minute M.

21. I hereby certify that I attended the deceased from April 19 41 to Sept. 1 19 41 that I last saw him alive on Sept. 1, 1941 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Retroperitoneal lympho sarcoma	5 mo
Due to	
Due to	
Other conditions Sarcoma of lung (Include pregnancy within 3 months of death)	Since July 15

Major findings: Of operations Lympho sarcoma confirmed by biopsy of glands

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 Pister Tuholske (M. D. or other) M.D
Address 4620 N. Taylor Date signed 9/1/41

(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 Delm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.