No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18891

FILED JUN 13 1947

Registration District No. 813

Primary Registration District No. 1003

Registrar's No. 5341

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 2020 Del Norte
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) NB
If yes, name country

3. (a) PRINT FULL NAME Frank Manuel Gulinson
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 Lillian Gulinson
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 39 | Months | Days | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Greeting Cards

MOTHER FATHER
12. Name Nathan Gulinson
13. Birthplace Austria (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian Gulinson
(b) Address 2020 Del Norte
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director Herman Rudolph, Inc.
(b) Address 5216 Delmar Blvd.
19. (a) MAY 29 1947 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1947 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 1, 1947, to May 29, 1947, that I last saw him alive on May 29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY OCCLUSION — Duration 24 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy CORONARY OCCLUSION

PHYSICIAN
Underline the cause of 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 M. S. Franklin (M. D. ~~Coroner~~)
Address 634 N. Grand Date signed 5/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....John Ketter.....

Licensed Embalmer No.....3880.....

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