

FILED JAN 16 1948 **318**

Registration District No. _____ Primary Registration District No. **1003**

WRITE PLAINLY—USE 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:
58570 LOTUS AVE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 35 yrs.
years, months or days

3: (a) PRINT FULL NAME JOE OLLANIK
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 498-26-6194

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, WIDOWED
 6. (b) Name of husband or wife LILLIAN OLLANIK
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased MAY 15 1870
(Month) (Day) (Year)

8. AGE:			Years	Months	Days	If less than one day
			<u>77</u>	<u>7</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace _____
(City, town, or county) (State or foreign country)
 10. Usual occupation plumber

11. Industry or business
 { **12. Name** Yechal Mechal Ollanik
13. Birthplace Russia
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Liba
15. Birthplace Russian
(City, town, or county) (State or foreign country)

16. (a) Informant Morris Ollanik
(b) Address 58573 Lotus Ave.
17. (a) Burial **(b) Date thereof** Jan. 4. 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chapel Shel Emeth

18. (a) Signature of funeral director Exhandler
(b) Address 5010 Enright Ave.
19. (a) JAN 9 1948 **(b)** J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 58570 LOTUS AVE
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
 year 1948 hour 9:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 26
1947 to January 2, 1948
 that I last saw him alive on Dec 26, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

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)
 (a) Means of injury _____
23. Signature Julius Elgin (M. D. or other)
Address 1607 N. Grand **Date signed** Jan. 2, 1948

PHYSICIAN

 Underline the cause to which death should be charged statistically.

*given
Emmet
L...*

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 *W. P. Openhandler*

Licensed Embalmer No. *3669*

P. O. Address *5010 Emight*

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.