

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32956

State File No. ....

8220

1003

Registrar's No. ....

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

BIRTH NO. ....

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) **40 yrs.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.**  
b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
d. STREET ADDRESS (If rural, give location) **5575 Vernon**

3. NAME OF DECEASED  
a. (First) **HATTIE**  
b. (Middle)  
c. (Last) **GELLMAN**

4. DATE OF DEATH (Month) (Day) (Year)  
**Aug. 30, 1952**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Sept. 30, 1885**

9. AGE (In years last birthday) **66**  
If under 1 year: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **USSR**

12. CITIZEN OF WHAT COUNTRY? **BSA**

13a. FATHER'S NAME **Jos. Waldman**

13b. MOTHER'S MAIDEN NAME **Zlatta Ink**

14. NAME OF HUSBAND OR WIFE **Samuel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) **NO**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mrs. Esther Olevitch 5575 Vernon**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pneumonia**  
ANTECEDENT CAUSES DUE TO (b) **Acute Monocytic Leukemia**  
Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **76 hrs**  
**30 days**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **2042**

22. I hereby certify that I attended the deceased from **7/30**, **1952**, to **8/30**, **1952**, that I last saw the deceased alive on **8/30**, **1952**, and that death occurred at **2 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Marie Day MD.**

23b. ADDRESS **601 Humboldt Bldg**

23c. DATE SIGNED **8/30/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **8/31/52**

24c. NAME OF CEMETERY OR CREMATORY **Chesed Shel Emeth**

24d. LOCATION (City, town, or county) (State) **University City Mo**

DATE REC'D BY LOCAL REG. **SEP 2 1952**

REGISTRAR'S SIGNATURE **J. Carl Smith MD**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Berger Memorial 4715 Mc'herson**

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1264  
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FILED SEP 25 1952

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4227

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.