

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33248

State File No. \_\_\_\_\_  
Registrar's No. 8197

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3316 North 9th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucig</u> b. (Middle) <u>Garolan</u> c. (Last) <u>Garolan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 22, 1953.</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>May 12-1893</u>
9. AGE (In years last birthday) <u>60</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caterer</u>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Armenia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>495-22-4576</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Dieckran Ennian 3316 North 9th St.</u>	
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) <u>Carcinoma of the liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>not known</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of the breast</u> <u>not known</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>170x</u>		22. I hereby certify that I attended the deceased from <u>7/24, 1953</u> , to <u>8/22, 1953</u> , that I last saw the deceased alive on <u>8/21, 1953</u> and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>O. C. Maxwell M.D.</u>		23b. ADDRESS <u>4500 Olive St.</u>	
23c. DATE SIGNED <u>8/24/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-26-53.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</u>	
DATE REC'D BY LOCAL REG. <u>AUG 24 1953</u>		REGISTRAR'S SIGNATURE <u>J. Early Smith M.D.</u>	

WRITE PLAINLY—USING 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.