

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9624

State File No.

2284

Registrar's No.

FILED MAR 31 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

No. 300
10-48

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 2 mths	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hamilton Nursing Home		STREET ADDRESS (If rural, give location) 5 5825a Nina Pl.	
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) GOLLUB c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 10, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar. Marr.	8. DATE OF BIRTH June 23, 1906
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Furn.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Israel M. Gollub		13b. MOTHER'S MAIDEN NAME Anna Bieber	
14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Ink.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Gollub	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cancer of brain Cancer of lung		19. INTERVAL BETWEEN ONSET AND DEATH 4 mo 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION cancer of brain	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of brain ANTECEDENT CAUSES Cancer of lung Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163x	
22. I hereby certify that I attended the deceased from 1/22 , 19 55 , to 3/10 , 19 55 , that I last saw the deceased alive on 3/2 , 19 55 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Frank Cohen M.D.		23b. ADDRESS 4500 Olive St	
23c. DATE SIGNED 3/10/55		24. LOCATION (City, town, or county) (State) University City Mo.	
24a. BIFURIAL, CREMATION, REMOVAL (Specify) Rem.		24b. DATE 3/13/55	
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. WAR 14 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial		ADDRESS 4715 McPherson	

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.....
Signature of Student Embalmer

Signed..... *Lawrence J. DeLina*

Licensed Embalmer No. *3988*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.