

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

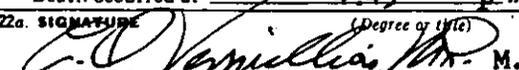
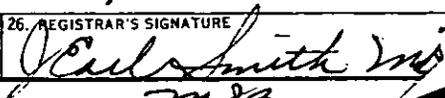
FILED NOV. 26 1956

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39351
STATE FILE NUMBER
9735

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b 3 wks.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN 4336 University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS 6836 Kingsbury (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Frank Middle NMN Last Dolgin		4. DATE OF DEATH Month Oct. Day 23 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 10, 1903		
9. AGE (In years last birthday) 55		10. KIND OF BUSINESS OR INDUSTRY Wholesale tobacco	11. BIRTHPLACE (City and state or country) St. Louis, Mo		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Selig Dolgin		14. MOTHER'S MAIDEN NAME Mollie Woloshin			
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. Unk.			
17. INFORMANT Mrs. Dorothy Dolgin Address 6836 Kingsbury			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ } DUE TO (c) _____ 162x			INTERVAL BETWEEN ONSET AND DEATH 8 months		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 9/28/56 to 10/23/56 and last saw her alive on 10/23/56 Death occurred at 4:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title)  M. D.		22b. ADDRESS BARNES HOSPITAL			
22c. DATE SIGNED 10/24/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.			
23b. DATE 10/25/56		23c. NAME OF CEMETERY OR CREMATORY Beth Hamedrosh Hagodol			
23d. LOCATION (City, town, or county) Ladue, Mo. (State)		24. FUNERAL DIRECTOR ADDRESS Burger Memorial 4715 M^opherson			
25. DATE RECD. BY LOCAL REG. OCT 25 1956		26. REGISTRAR'S SIGNATURE 			

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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 *News D. P. P. P.*

Licensed Embalmer No. 47

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.