

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42646**

FILED DEC 18 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10680**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY OR TOWN <b>CRYSTAL CITY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MO-PACIFIC HOSP. ASSB.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>OLGA</b>		b. (Middle)	
c. (Last) <b>BAGANOFF</b>		Month (Day) (Year) <b>NOV. 19, 1956</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT. 24, 1903</b>
9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>YU90 SLAVIA</b>
12. CITIZEN OF WHAT COUNTRY? <b>YU90 SLAVIA</b>		13a. FATHER'S NAME <b>SEMO GOSOVICH</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>
14. NAME OF HUSBAND OR WIFE <b>HUSBAND DECEASED</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>
17. INFORMANT'S SIGNATURE OR NAME <b>FRED BAGANOFF</b>		ADDRESS <b>ST. ANNS, MO.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma liver metastatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>months</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Primary Carcinoma Breast</b>	
DUE TO (c)		2 years	
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 <b>170X</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>NOV. 11, 1956</b> to <b>NOV. 19, 1956</b> , that I last saw the deceased alive on <b>NOV. 19, 1956</b> , and that death occurred at <b>7:35 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Lee B. Harrison M.D.</b>	23b. ADDRESS <b>607 No. Grand St. Louis</b>	23c. DATE SIGNED <b>11-20-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11/21/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>METHODIST CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>FESTUS MO.</b>
DATE REC'D BY LOCAL REG. <b>NOV 23 1956</b>	REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James P. Cody</b>	
		ADDRESS <b>CRYSTAL CITY, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *James Richard Cady*

Licensed Embalmer No. *430*

P. O. Address *CRYSTAL C*

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.