THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 14 1957

STATE FILE NUMBER 18685

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5162

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐ X	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐ X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge — Length of stay in 1b 52 yrs. 2269	d. STREET ADDRESS (If outside, give location) 1911 N. Florissant — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First SAM Middle Last GELLER		4. DATE OF DEATH Month May Day 31 Year 1957	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 9-1-92 Sept. 1, 1892
9. AGE (In years last birthday) 64 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	10b. KIND OF BUSINESS OR INDUSTRY Tailor Shop	11. BIRTHPLACE (City and state or country) USSR 6	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unk. Geller		14. MOTHER'S MAIDEN NAME Unk.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Address Mrs. Annie Geller 1911 N. Florissant	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma, rt. lung — INTERVAL BETWEEN ONSET AND DEATH 3 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 163x

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4/1/57, to 5/31/57 and last saw ~~her~~ him alive on 5/30/57

Death occurred at 2 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Kotner M.D. 0	22b. ADDRESS 4409 W. Pine	22c. DATE SIGNED 5/31/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/2/57	23c. NAME OF CEMETERY OR CREMATORY Chevra Kedisha
23d. LOCATION (City, town, or county) (State) University City, Missouri		
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson	25. DATE RECD. BY LOCAL REG. JUN 3 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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.