

FILED SEP 17 1957

STANDARD CERTIFICATE OF DEATH

33645

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **7881** Registrar's No.

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp			Length of stay in lb 50 yrs.		d. STREET ADDRESS (If outside, give location) 1400 Belt		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) SAM HOLLANDER				4. DATE OF DEATH Aug. 22, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Unk.		9. AGE (In years last birthday) ab. 59	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vendor			10b. KIND OF BUSINESS OR INDUSTRY newspapers		11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unk.				14. MOTHER'S MAIDEN NAME Unk/			
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. None		17. INFORMANT Address Albert Wexler 1828 Carr			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abdominal carcinoma							INTERVAL BETWEEN ONSET AND DEATH about 1 year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		DUE TO (c)		199.1		
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 a. m. Month, Day, Year 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 May 2, 1957 and last saw ^{her} him alive on August 21, 57 Death occurred at 6:0 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Gray H. Finley, M.D.				22b. ADDRESS 462 No. Taylor		22c. DATE SIGNED 8/22/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 8/23/57	23c. NAME OF CEMETERY OR CREMATORY Chevre Kadisha		23d. LOCATION (City, town, or county) (State) University City, Mo.		
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson			25. DATE RECD. BY LOCAL REG. AUG 22 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S. P.		

(Licensed Embalmer's Statement on Reverse Side)

Mo.

St. Louis

St. Louis

1400 Bell

20 yrs.

Jewish Hosp

Aug. 25, 1927

HOLLANDER

MAE

sp. 29

UNK

X

White

Male

USA

USA

Newspapers

Vendor

UNK

UNK

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 *[Signature]*

Licensed Embalmer No. 39

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.

University City, Mo.

CHRYSLER BUILDING

8/23/27

Rem.

Bellevue Memorial Hospital