

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019702

STATE FILE NUMBER

FILED MAY 23 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5222

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis, Mo.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Firmin Desloge</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>2236 920 ALLEN</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>FRED</i> Middle <i>GANIM</i> Last			4. DATE OF DEATH Month <i>5</i> Day <i>15</i> Year <i>'58</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11/11/04</i>		9. AGE (In years last birthday) <i>53</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Workhouse</i>	11. BIRTHPLACE (City and state or country) <i>Syria</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Namey Ganim</i>		13b. MOTHER'S MAIDEN NAME <i>Litiffia Ganim</i>		14. NAME OF HUSBAND OR WIFE <i>Lillie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>494-01-3917</i>		17. INFORMANT Address <i>Lillie Ganim 920 Allen</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition, given in PART I (a) <i>163x</i>					INTERVAL BETWEEN ONSET AND DEATH
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 <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 <i>3-25-58</i> to <i>5-15-58</i> and last saw him alive on <i>5-15-58</i> Death occurred at <i>1:30</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Geoffrey W Miller MD</i>			22b. ADDRESS <i>1325 S Commercial St</i>		22c. DATE SIGNED <i>5-16-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>5/19/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Schumacher Inc. 3013 Meramec</i>			25. DATE RECD. BY LOCAL REG. <i>MAY 19 58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i> <i>M. J. B.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 \_\_\_\_\_ Signed *Jack Haept*  
 Signature of Student Embalmer

Licensed Embalmer No. *4746*  
 P. O. Address *St. Francis Mo*

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.

Schwacher Inc. 3013 Metairie