

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2821**
Registrar's No. **0823**

FILED FEB 14 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 1288 Oak Court	
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		c. (Last) GELB	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) Aut. 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	
11. BIRTHPLACE (State or foreign country) Hungary		12. CITIZEN OF WHAT COUNTRY? USA	
10a. KIND OF BUSINESS OR INDUSTRY Fish		11. BIRTHPLACE (State or foreign country) 5	
13a. FATHER'S NAME Harry Gelb		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Annie Gelb		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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. S. Gelb-1288 Oak Court ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperthyroidism ANTECEDENT CAUSES Adenoma of thyroid DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic heart disease 1 yr. Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. DATE OF OPERATION	
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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 252.1	
22. I hereby certify that I attended the deceased from 12/3, 1951 to 1/26, 1952 , that I last saw the deceased alive on 1/26, 1952 , and that death occurred at 7:15 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Max S. Franklin M.D. (Degree or title)		23b. ADDRESS 6344 Grand	
23c. DATE SIGNED 1/26/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1/27/52		24c. NAME OF CEMETERY OR CREMATORY Chevra Kadisha Cem. X	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Herman Rudolph ADDRESS 5216 Delmar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 28 1952		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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.

Signed *Peter B. Diebrouille*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3691*.....

P. O. Address *Richmond Heights 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 this body is not embalmed, fact should be so stated above.