

STANDARD CERTIFICATE OF DEATH

State File No. **18746**

No. 300
10.48

MAY 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>1241</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>			
c. LENGTH OF STAY (in this place) <u>5 YRS</u>				d. STREET ADDRESS (If rural, give location) <u>1516 North & South Road</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1516 North & South Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>1516 North & South Road</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LESLIE</u>		b. (Middle) <u>BENJAMIN</u>		c. (Last) <u>OLIAN</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>9</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Feb. 14, 1889</u>	9. AGE (in years last birthday) <u>71 1/2</u>	10. MONTH <u>2</u>	11. DAY <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Textiles</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin Olian</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mabel W. Olian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-36-6290</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. C. F. Olian-1516 N. & S. Rd.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative heart disease & failure</u>				<u>1 year</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u>				<u>5 years</u>	
		DUE TO (c) _____				_____	
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 <u>4500</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT (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) _____		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 <u>June 1947</u> , to <u>May 9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 9</u> , 19 <u>52</u> , and that death occurred at <u>4:20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. A. Meissbaum M.D.</u> (Degree or title)				23b. ADDRESS <u>3701 Grandel Sq</u>		23c. DATE SIGNED <u>5-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/11/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-9-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman Lindke of Pac 5216 Delmar</u>			

SW (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

006
1

copy of [unclear]

7-13-78
10-12-78

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
Student Embalmer

Signed *Pete Dubrowick*

Licensed Embalmer No. *369*

P. O. Address *Belmont, N.J.*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 18746-52

State of Missouri }
City of St. Louis } ss.
~~County of~~

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 22nd day of May, 1952, before me appears Herman Rindskopf, his who, upon his oath, states that the original record of ~~birth~~ death

for Leslie Benjamin Olian, died May 9, 1952, in the State of Missouri, and which was filed at St. Louis County, Mo. on May 10, 1952, should be corrected as follows:

Item No. 8 should read February 14, 1881

Instead of February 14, 1880

Item No. 9 should read 71 years-2 Months-25 days

Instead of 72 years-2 Months-25 days

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Herman Rindskopf Fun. Dir. Relationship.

5216 Delmar Blvd.

St. Louis 8, Mo. Present Address.

Subscribed and sworn to before me this 22nd day of May, 1952

My Commission expires May 13, 1956 Norman S. Roth Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

