

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003

 State File No. 33255
 Registrar's No. 9465

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 33255		Registrar's No. 9465					
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, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 48 yrs.							
d. FULL NAME OF HOSPITAL OR INSTITUTION 5508a Wabada				d. STREET ADDRESS 5508a Wabada		20690							
3. NAME OF DECEASED (Type or Print) a. (First) Max			b. (Middle)			c. (Last) Gellman			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 26, 1882		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant				10b. KIND OF BUSINESS OR INDUSTRY retail hrdwre.		11. BIRTHPLACE (City and State or Foreign Country) USSR			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Morris Gellman				13b. MOTHER'S MAIDEN NAME Unk.				14. NAME OF HUSBAND OR WIFE Rose					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. 495-36-7809A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rose Gellman 5508a Wabada							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca. of left lung Primary						INTERVAL BETWEEN ONSET AND DEATH 3 mos. 2.			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis atherosclerosis									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 162X									
22. I hereby certify that I attended the deceased from June 22 1953, to Sept 29 1953, that I last saw the deceased alive on Sept 29, 1953, and that death occurred at 6:00 P m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <i>Carl A. Smith M.D.</i>				23b. ADDRESS 508 Sw. Grand			23c. DATE SIGNED 9/30/53						
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/4/53		24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		24d. LOCATION (City, town, or county) (State) University City Mo.							
DATE REC'D BY LOCAL REG. OCT 2 1953		REGISTRAR'S SIGNATURE <i>Carl A. Smith M.D.</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson								

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 Frederick J. Davis

Licensed Embalmer No. 3988

P. O. Address _____

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.