

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31657

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7924

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE _____ b. COUNTY Mo.

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 1 day
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish H osp. e. STREET ADDRESS (If rural, give location) 6 1410 Goodfellow 206 1/2

3. NAME OF DECEASED (Type or Print) a. (First) GOLDIE b. (Middle) _____ c. (Last) BRYAN 4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Marr. 8. DATE OF BIRTH unk. 9. AGE (In years last birthday) Months Days ab 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) t home 10b. KIND OF BUSINESS OR INDUSTRY -- 11. BIRTHPLACE (City and State or Foreign Country) Lithuania 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Allan Zilber 13b. MOTHER'S MAIDEN NAME Sarah unk. 14. NAME OF HUSBAND OR WIFE Mike

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'S SIGNATURE OR NAME ADDRESS Mike Bryan 1410 Goodfellow

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cancer of lung
ANTECEDENT CAUSES DUE TO (b) Cancer of intestine
DUE TO (c) Cardiac decompensation
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 3
2
6 mo

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 163X

22. I hereby certify that I attended the deceased from 1950 to 8/26, 1954, that I last saw the deceased alive on 8/26, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Louis Cohen M.D. 23b. ADDRESS 4500 Olive St. St. Louis 23c. DATE SIGNED 8/27/54

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Rem. 24b. DATE 8/27/54 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. AUG 27 1954 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson

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

January unknown

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 *James A. Rudwig*

Licensed Embalmer No. *4333*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.