MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-009166
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1465

FILED FEB 19 1963

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: University City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 821 Leland
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Sam (AKA SOLOMON) Middle Last Orlovick
4. DATE OF DEATH: Month Feb. Day 9, Year 1963
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-15-1894
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: retail shoe repair
11. BIRTHPLACE (City and state or country): Lithuania
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unk. Orlovick
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: Beckie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.
17. INFORMANT: Beckie Orlovick Address: 821 Leland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinoma to Liver — INTERVAL BETWEEN ONSET AND DEATH: 1+ yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of The Stomach — 1+ yrs
DUE TO (c) 15/x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1961 to 2/9/63 and last saw him alive on 2/9/63
Death occurred at 9:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Sidney Goldenberg (Degree or title) MD
22b. ADDRESS: 4409 West Pine, St Louis
22c. DATE SIGNED: 2/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem.
23b. DATE: 2/11/1963
23c. NAME OF CEMETERY OR CREMATORY: Chesed Shel Emeth
23d. LOCATION (City, town, or county) (State): University City Mo.

24. FUNERAL DIRECTOR ADDRESS: Berger Memorial 4715 McPherson
25. DATE RECD. BY LOCAL REG.: FEB 11 1963
26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	4006 3		
3			
4	0		
5	1		
6			
7	2		
8	2		
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12	64-0		
13			
	64		

BY AFFIDAVIT OF DOCUMENT

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 _____

Licensed Embalmer No. 4229

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.