

CERTIFICATE OF DEATH

Registered No. 65 8966

BIRTH NO. 65 8966

M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print) HOLUB, FRANCES

2. DATE AND HOUR OF DEATH

8/29/1965 5:40 A.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4/1 Union Memorial Hospital.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY 7-02

C. CITY OR TOWN (If outside city limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2634 Ashland Avenue #5

5. SEX Female

6. RACE White

7. MARRIED, NEVER MARRIED
WIDOWED DIVORCED (specify)
Widowed

8. DATE OF BIRTH 12/23/02

9. AGE (In years last birthday) 62 years

If Under 1 Yr. Months: Days

If Under 24 Hrs. Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Delegate (politician)

10B. KIND OF BUSINESS OR INDUSTRY

Legislative of Md.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

America

13. FATHER'S NAME

John Brill

14. MOTHER'S MAIDEN NAME

Matilda Tobiashek

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT Carl Holub 1315 Northern Pkwy. Dr. K.M. Anandiah Union Memorial Hospital

18.

162.11
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

CAUSE OF DEATH

(A) Carcinoma, lungs

(B) (alveolar cell ca)

(C)

INTERVAL BETWEEN ONSET AND DEATH

1962 to

1965.

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

feels

19A. DATE OF OPERATION 2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) YES

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

While At Work Not While At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 8/3 1965 to 8/29 1965, that (I) (we) last saw the deceased alive on 8/28 1965 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE

K.M. Anandiah

M.D.

Attending Phys. Med. Director Staff Phys.

23B. DATE SIGNED

8/29/65

23C. PHYSICIAN'S NAME (Type)

K.M. ANANDIAH

M.D.

23D. ADDRESS

Union Memorial Hospital - Baltimore

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/2/65

24C. NAME of CEMETERY or CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

25A. DATE REC'D BY HEALTH DEPT.

AUG 31 1965

25B. NAME OF REGISTRAR

Robert E. Taylor

25C. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc. 2601-03-05 E. Madison Street #5

ADDRESS

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.