

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25157

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 6664

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Firmin Desloge Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3226 California Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Francis</u>		a. (First)		b. (Middle) <u>Petru</u>		c. (Last)	
4. DATE OF DEATH <u>8-4-50</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11-2-90</u>		9. AGE (in years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>		IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Czechoslovakia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Francis Petru</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Valcik</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Czeck</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances Petru 3226 California Av.</u>			
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) <u>Carcinoma of esophagus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>10 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>2-25-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of esophagus, inoperable</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? <u>150X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>5-11-50 2:55 am.</u>		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input type="checkbox"/> <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>5-19-50</u> , 19 <u>50</u> , to <u>8-11-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-11-</u> , 19 <u>50</u> , and that death occurred at <u>2:55 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles S. Sherwin M.D.</u>		(Degree or title)		23b. ADDRESS <u>1325 S. Grand</u>		23c. DATE SIGNED <u>Aug 4, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>AUG 4 1950 J. B. Jasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Moydell Funeral Home</u>		ADDRESS <u>1926 Allen Av.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 M

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Dale A. Johnson

Licensed Embalmer No. 4533

P. O. Address. 1926th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact, should be so stated above.