

FILED DEC 1 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38676
Registrar's No. 9937

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. 38676		Registrar's No. 9937	
1. PLACE OF DEATH a. COUNTY <u>None</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2229</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		c. LENGTH OF STAY (in this place) <u>3 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>				d. STREET ADDRESS (If rural, give location) <u>222 1112 S 10TH ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				3. NAME OF DECEASED a. (First) <u>Nick</u> b. (Middle) _____ c. (Last) <u>Kabbaz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 21 50</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED-NEVER MARRIED <u>WIDOWED, DIVORCED</u> (Specify)		8. DATE OF BIRTH <u>7-4-1882</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>SYRIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>8</u>			
13a. FATHER'S NAME <u>CHARLES KABBAZ</u>			13b. MOTHER'S MAIDEN NAME <u>SOPHIE BENARA</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALBERT KABBAZ 1016 HICKORY</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 right kidney</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of rectum</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>180X</u>							
22. I hereby certify that I attended the deceased from <u>November 21, 1950</u> , to <u>November 21, 1950</u> , that I last saw the deceased alive on <u>November 21, 1950</u> , and that death occurred at <u>5:15pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J.R. Bradley</u> M.D.				23b. ADDRESS <u>Barnes Hospital, St. Louis</u>				23c. DATE SIGNED <u>11-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV 24 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 22 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Ratis 2906 Gravois</u>				

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

JAN 4 1954

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed

Homer C Dill

Signed.....

Student Embalmer

Licensed Embalmer No.

4347

P. O. Address

2906 Gravel

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.