

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6658

State File No.

318

1003

1613

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Orient	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle)	c. (Last) Skok	4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 25, 1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Austria	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Mutchek	13b. MOTHER'S MAIDEN NAME Anna Cigola	14. NAME OF HUSBAND OR WIFE Joseph Skok
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Skok, Orient, Illinois
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia; Ca metastases		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ovarian Carcinoma		7
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 10. 4. 1950	19b. MAJOR FINDINGS OF OPERATION Ovarian Carcinoma Bi-lateral, Multiple metastases	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 175X
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22. I hereby certify that I attended the deceased from **April, 1950**, to **Feb. 17, 1951**, that I last saw the deceased alive on **2. 16.**, 1951, and that death occurred at **1:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE James Pennoye, III, D. (Degree or title)	23b. ADDRESS 114 Plant Ave	23c. DATE SIGNED 2.17.51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2-17-51	24c. NAME OF CEMETERY OR CREMATORY Heights Cemetery	24d. LOCATION (City, town, or county) (State) West Franfort, Illinois
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DATE REC'D BY LOCAL REG. FEB 17 1951	REGISTRAR'S SIGNATURE A. B. Fasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Wm. S. Salfer

Licensed Embalmer No. 146799

P. O. Address St. Charles, Mo.

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.