

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18625

FILED JUN 5 1951

4919

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		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) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>943a Park Ave.</u>		e. LENGTH OF STAY (in this place) <u>2239</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SOROKA</u> <u>May, 24, 1951</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>1/1/09</u>
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boilermaker</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boilermaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Co.</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Phillip Soroka</u>		13b. MOTHER'S MAIDEN NAME <u>Efronsina</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Soroka</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marie Soroka 943a Park Ave.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of esophageal fistula</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of esophagus</u> DUE TO (c) <u>postop</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>March 10, 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of esophagus & metastases</u>	
19a. DATE OF OPERATION <u>March 10, 51</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>150X</u>	
22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>51</u> , to <u>May</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 24</u> , 19 <u>51</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William F. Rose</u>		23b. ADDRESS <u>627 Maple Bldg East St. Louis</u>	
23a. SIGNATURE (Degree or title) <u>M.D.</u>		23c. DATE SIGNED <u>May 26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/28/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 27 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>Jefferson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>CHULICK FUNERAL HOME</u>		ADDRESS <u>1722 S.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alex A. Chidwick

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jefferson

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.