

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25125
State File No. 6178
Registrar's No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collinsville	
c. LENGTH OF STAY (In this place) <i>8 days</i>		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 819 Keebler 8	

3. NAME OF DECEASED (First) (Middle) (Last) <i>Roman F. (PETOHLER) Pitol</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7-10-51</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-20-1891</i>	9. AGE (In years last birthday) <i>59</i>	10. UNDER 1 YEAR (Days) <i>9</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MINER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>COAL MINE</i>		11. BIRTHPLACE (State or foreign country) <i>AUSTRIA</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>FRANK PITOL</i>	13b. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>	14. NAME OF HUSBAND OR WIFE <i>Anna Pitol</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>243-10-1854</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Frank Pitol, Collinsville, Ill</i>	18. ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary embolus</i>		DUE TO (b) <i>Carcinoma of left lung</i>		<i>15 min.</i>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<i>1 yr.?</i>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				

19a. DATE OF OPERATION <i>7/9/51</i>	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of left lung</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>163X</i>

22. I hereby certify that I attended the deceased from *7-2*, 19*51*, to *7-10*, 19*51*, that I last saw the deceased alive on *7-10*, 19*51*, and that death occurred at *12:55 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>C. L. Vermillion, M.F. O. M. D.</i>	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 7/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>7-12-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Johns</i>	24d. LOCATION (City, town, or county) (State) <i>Collinsville ILL.</i>
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DATE REC'D BY LOCAL REG. <i>JUL 10 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hubert P. Krogh</i>	ADDRESS <i>Collinsville, Ill.</i>
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Robert P. Papp

Licensed Embalmer No. *2803*

P. O. Address *Collinsville, Ill.*

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.