

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28884

FILED AUG 25 1951

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7060

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY	
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 St. Louis 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3451 Chippewa		STREET ADDRESS (If rural, give location) 3451 Chippewa 0	
3. NAME OF DECEASED a. (First) Leo b. (Middle) F. c. (Last) Zewiski			4. DATE OF DEATH (Month) (Day) (Year) August 6, 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 9, 1913
9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Leo F. Zewiski, Sr.	13b. MOTHER'S MAIDEN NAME Mary B. Uskiwick	14. NAME OF HUSBAND OR WIFE Mary B. Zewiski
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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) yes #2	16. SOCIAL SECURITY NO. 492109583	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary B. Zewiski, 3451 Chippewa
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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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA Testicle left		INTERVAL BETWEEN ONSET AND DEATH 4 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Widespread metastases		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death CARCINOMA OF Testicle OBSTRUCTION OF Kidney (left) by tumor			178X

19a. DATE OF OPERATION 4-26-51	19b. MAJOR FINDINGS OF OPERATION 5-15-51 CARCINOMA OF Testicle OBSTRUCTION OF Kidney (left) by tumor	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)
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?

22. I hereby certify that I attended the deceased from 4-7 1951, to 8-6 1951, that I last saw the deceased alive on 7-21 1951, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Edward M. Cannon M.D.	23b. ADDRESS 607 N. Grand	23c. DATE SIGNED 8/6/51
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24a. BURIAL, CREMATION OR REMOVAL (Specify) Burial	24b. DATE Aug 10/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 1951 AUG 7	REGISTRAR'S SIGNATURE J. B. Sarator	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und Co 7420 Midway
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(Licensed Embalmer's Statement on Reverse Side)

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

Miss

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 *John Ketter*

Signed.....
Student Embalmer

Licensed Embalmer No. *3880*

P. O. Address

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.