

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

40227

State File No.

No. 300

XC 1 648 3920

Reg. FILED DEC 6 1951

6076 Registrar's No. 3681

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MADISON	
c. LENGTH OF STAY (in this place) 157 DAYS		d. STREET ADDRESS (If rural, give location) 815 WASHINGTON AVENUE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) (NMI)		c. (Last) GIUKA		4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 12, 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-28-88	9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESS OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) RUMANIA 6		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN GIUKA		13b. MOTHER'S MAIDEN NAME JEANA FRANZ		14. NAME OF HUSBAND OR WIFE KATHERINE GIUKA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 492094120		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.	

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) LEUKEMIA		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			

19a. DATE OF OPERATION NONE		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) VA		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 JUNE 8, 1951, to NOV. 12-- , 1951, that I last saw the deceased on NOV. 12-- , 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO		23c. DATE SIGNED 11-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/15/51		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.					

DATE REC'D BY LOCAL REG. 11-14-51		REGISTRAR'S SIGNATURE Herbert R. Lonke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Sedlack Madison, Ill.	
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY--USING UNFADEING 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

John T. Sedach

Licensed Embalmer No. *3747*

P. O. Address *Madison, 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.