

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9933**
2155

FILED MAR 24 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **2155**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY			
b. CITY OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS.		d. STREET ADDRESS (If rural, give location) 24 3529^a S. JEFFERSON			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) A.		c. (Last) FILIP	
4. DATE OF DEATH (Month) (Day) (Year) MAR. 5 1952					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 26 1898	
9. AGE (In years last birthday) 53		10. KIND OF BUSINESS OR INDUSTRY FRED MEDART CO		11. BIRTHPLACE (State or foreign country) AUSTRIA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUNCH PRES OPERATOR		11. BIRTHPLACE (State or foreign country) AUSTRIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LUDWIG FILIP		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LILLIAN FILIP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LILLIAN FILIP 3529^a S. JEFFERSON	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carbuncle with extension to walls of chest & back			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carbuncle		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 690.2	
22. I hereby certify that I attended the deceased from Feb 1 , 1952, to Mar 5 , 1952, that I last saw the deceased alive on Mar 5 , 1952, and that death occurred at 10:35 P m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. E. Maellen M.D.		23b. ADDRESS 3527 S. Jefferson		23c. DATE SIGNED Mar 6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 8 1952		24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO					
DATE REC'D BY LOCAL REG. MAR 6 1952		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Prussia	

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.

Student Embalmer No.

Signed

Leo J. Budd

Signed.....
Student Embalmer

Licensed Embalmer No.

3989

P. O. Address

St. Louis 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.