

FILED JUL 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26678

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1935</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Florissant</u>		c. LENGTH OF STAY (In this place) <u>Don't know</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Florissant</u>		OR TOWN <u>2 4001</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Stanislaus Sem.</u>				d. STREET ADDRESS (If rural, give location) <u>St. Stanislaus Sem.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Brother</u> b. (Middle) <u>Hubert J</u> c. (Last) <u>Dick S.J.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 16 1901</u>		9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Society Jesus</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Baleyville, Kan.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Dick</u>		13b. MOTHER'S MAIDEN NAME <u>Christaine Fox</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. Leonard M. Murray S.J.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Transverse Colon</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>153X</u> DUE TO (c) <u>Generalized Carcinoma metastases</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1946-52</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Transverse Colon + omentum</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) (Min.)		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 <u>Aug</u> , 19 <u>46</u> , to <u>July</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 17</u> , 19 <u>52</u> , and that death occurred at <u>9:15P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward J. Jordan M.D.</u>				23b. ADDRESS <u>1504 So Grand St. Sm.</u>		23c. DATE SIGNED <u>18 July 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus Ce.</u>		24d. LOCATION (City, town, or county) (State) <u>Florissant Mo. St. Louis</u>		
DATE REC'D BY LOCAL REG. <u>7-18-52</u>		REGISTRAR'S SIGNATURE <u>Herbert F. R. Donke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>		
					ADDRESS <u>1125 Hodiamont Ave.</u>		

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

Dr. Edward Jordan
1504 S Grand
2_4 Pm.

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 S. Pennek*
Licensed Embalmer No. *7194*
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.