

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11152

State File No. _____
Registrar's No. 2283

FILED MAR 18 1953

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY OR TOWN <u>Ziegler</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Route</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Aleksick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-53</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1-15-1890</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>coal miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>coal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ukraine, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Harry Aleksick</u>			13b. MOTHER'S MAIDEN NAME <u>Annie unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Kattie Aleksick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>343-09-3157</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Aleksick, Ziegler, Ill.</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				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk -</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				DUE TO (b) <u>General arteriosclerosis</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Carcinoma of prostate & bone metastasis</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>2/12/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca. of prostate</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.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177X</u>				
22. I hereby certify that I attended the deceased from <u>2/12/53</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on <u>2/26</u> , 19 <u>53</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Carl A. Wattenberg MD</u>				23b. ADDRESS <u>3720 Wash. Ave.</u>		23c. DATE SIGNED <u>2/27/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>2-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Ziegler, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>FEB 28 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilson, Ziegler, Ill.</u>				

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *V. E. Morris*.....

Licensed Embalmer No. *3360*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.