

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11887

State File No. \_\_\_\_\_

318

1003

Registrar's No. 3330

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis, Mo.</u> c. LENGTH OF STAY (In this place) <u>24 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Je 77</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City, Mo. 0501</u> d. STREET ADDRESS (If rural, give location) <u>117 Chestnut St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steve</u> b. (Middle) _____ c. (Last) <u>Lednick</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 27 53</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 12, 1971</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR <u>3</u> Months <u>16</u> Days
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>glass worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lab Czech 6</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Lednick</u>		13b. MOTHER'S MAIDEN NAME <u>Bachek</u>		14. NAME OF HUSBAND OR WIFE <u>Sabina Lednick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Lednick</u> ADDRESS <u>Crystal City, Mo.</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, asphyxia, 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 the Stomach with metastasis</u>					
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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>15ix</u>	
22. I hereby certify that I attended the deceased from <u>4/4</u> , 19 <u>53</u> , to <u>3/27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3/27</u> , 19 <u>53</u> , and that death occurred at <u>9:40p</u> , m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J.R. Bradley</u>			23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>3-28-53</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Crystal City</u>		24e. (State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>MAR 30 1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Henry G. Pottle</u> ADDRESS <u>Crystal City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Student Embalmer

Signed

*Henry O Polite*

Licensed Embalmer No. 3481

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.