

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12357**
Registrar's No. **2927**

FILED APR 4 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Fulton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital		e. STREET ADDRESS (If rural, give location) 278 E. Central			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) _____ c. (Last) Starceвич			4. DATE OF DEATH (Month) (Day) (Year) March 15, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1903	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal	11. BIRTHPLACE (City and State or Foreign Country) Yugo Slavia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Paul Starceвич		13b. MOTHER'S MAIDEN NAME Unknown Skuba		14. NAME OF HUSBAND OR WIFE Pauline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 330-05-3707	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Starceвич, Farmington, Ill.		
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) Carcinoma of Lung with ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Metastasis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 months
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X		
22. I hereby certify that I attended the deceased from Mar 6, 1953 , to Mar 15, 1953 , that I last saw the deceased alive on Mar 15, 1953 , and that death occurred at 2:10 A.M. m., from the causes and on the date stated above.					
23a. SIGNATURE Albert H. Hoppe (Degree or title) M.D.		23b. ADDRESS 508 N. Grand St. Louis 200		23c. DATE SIGNED 3-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-15-53	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	24d. LOCATION (City, town, or county) (State) Farmington, Ill.		
DATE REC'D BY LOCAL MAR 17 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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.....
Licensed Embalmer No. 4108

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