

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26810

State File No.

Registrar's No. 6496

FILED JUL 31 1953

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Mo</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hosp</i>		• STREET ADDRESS (If rural, give location) <i>2140 Victor St</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>ANDREW</i> b. (Middle) <i>—</i> c. (Last) <i>REPA</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>June 29, 1953</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 26, 1886</i>	9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pension</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>yes</i>		13a. FATHER'S NAME <i>Harry Repa</i>		13b. MOTHER'S MAIDEN NAME <i>Rose Szenaga</i>	
14. NAME OF HUSBAND OR WIFE <i>Tatsie Repa</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Tatsie Repa</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Tatsie Repa</i>		ADDRESS <i>2140 Victor</i>	
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) <i>Acute PANCREATITIS,</i> ANTECEDENT CAUSES <i>NECROTIZING</i> Morbid 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.			INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <i>587.0</i>	
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 <i>June 18, 1953</i> to <i>June 28, 1953</i> , that I last saw the deceased alive on <i>June 29, 1953</i> , and that death occurred at <i>4 p. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Benjamin H. Charles, M.D.</i>		23b. ADDRESS <i>Missouri Pacific Hosp. 8th Ave</i>		23c. DATE SIGNED <i>6-30-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removed</i>		24b. DATE <i>7/2/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>	
24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Central Funeral Home</i>		ADDRESS <i>1841 Cass</i>	
DATE REC'D BY LOCAL REG. <i>JUN 30 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Central Funeral Home</i>	

(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.....
Signature of Student Embalmer

Signed *Elton Remeluis*.....

Licensed Embalmer No.... 42

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.