

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37016

State File No. ....

FILED OCT 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9896**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place) <b>23 days</b>	c. CITY OR TOWN <b>East St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>1330 N. 52nd. St.</b>		<b>8128</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>(NMN)</b>	c. (Last) <b>BELANIC</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 15, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 18, 1882</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Hunter Pkgng Co</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jugoslavia</b>	12. CITIZEN OF WHAT COUNTRY <b>Jugoslavia</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Rose Simich</i>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <b>5 Yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CIRRHOSIS OF LIVER</b>		
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (b) _____		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <b>ADENOCARCINOMA OF SIGMOID COLON</b>		<b>1 Yrs</b>

19a. DATE OF OPERATION <b>10-2-53</b>	19b. MAJOR FINDINGS OF OPERATION <b>CIRRHOSIS OF LIVER AND ADENOCARCINOMA OF SIGMOID COLON</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>5810H</b>
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22. I hereby certify that I attended the deceased from **SEPT 23, 1953**, to **OCT. 15, 1953**, that I last saw the deceased alive on **OCT. 15, 1953**, and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert B. Jeffrey</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>10-15-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/16/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Carmel</b>	24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>OCT 16 1953</b>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sedlack Bros.</i>	ADDRESS <b>Belleville, Ill.</b>
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(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. *112* working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ben. H. Baldwin*

Licensed Embalmer No. *2420*

P. O. Address *E. H. Haire*

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.