

STANDARD CERTIFICATE OF DEATH

State File No. 9966

FILED NOV 22 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9966

BIRTH NO.

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis

c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois b. COUNTY

c. CITY OR TOWN Belleville

d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital

e. STREET ADDRESS (If rural, give location)

5611 N. Belt ave. 812 8

3. NAME OF DECEASED
(Type or Print)

a. (First) OLGA

b. (Middle) L.

c. (Last) HARSZY

4. DATE OF DEATH (Month) (Day) (Year)
10-28-54

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12-31-1911

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS.
42 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

secretary

10b. KIND OF BUSINESS OR INDUSTRY

Transfer Co.

11. BIRTHPLACE (City and State or Foreign Country)

Vandalia, Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME

Wm. Boan

13b. MOTHER'S MAIDEN NAME

Bessie Trower

14. NAME OF HUSBAND OR WIFE

Ernest Harszy

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.

unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ernest Harszy, Belleville, 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Mucocutaneous thrombosis - post op
Bacterial pneumonia terminal.
Elevations of colonThrombosis left common iliac
AST-101

INTERVAL BETWEEN ONSET AND DEATH

4 days

19a. DATE OF OPERATION

Oct 11, 1954

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of ascending colon

20. AUTOPSY?

YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

153X

22. I hereby certify that I attended the deceased from Oct 1st 1954, to Oct 28, 1954, that I last saw the deceased alive on Oct 28, 1954, and that death occurred at 9:50 a. m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

3720 Washington

23c. DATE SIGNED

Nov 1 1954

24a. BURIAL, CREMATION, REMOVAL (Specify)

removal

24b. DATE

10-29-54

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

Belleville, Ill.

(State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

NOV 3 1954

REGISTRAR'S SIGNATURE

J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Gaerdner, Belleville, Ill.

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. 43

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.