

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9862**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2050**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			
STREET ADDRESS 16		(If rural, give location) 3437a Humphrey Ave. 21690	

3. NAME OF DECEASED (Type or Print) NIKOLA B. LEARA			4. DATE OF DEATH March, 2, 1955		
a. (First)		b. (Middle)		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct, 3, 1896		9. AGE (In years last birthday) 58		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) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Albania 9	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Bani Leara		13b. MOTHER'S MAIDEN NAME Maria Yanka		14. NAME OF HUSBAND OR WIFE Dimitra Leara	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Leara 3437 Humphrey	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastatic carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of sigmoid rectum DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 mos + 2 years +	
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19a. DATE OF OPERATION 11/19/53		19b. MAJOR FINDINGS OF OPERATION Ca of rectum - Abdomino-perineal resection of rectum		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? 154X	

22. I hereby certify that I attended the deceased from **Nov 16, 1953, to Mar 2, 1955**, that I last saw the deceased alive on **Mar 1, 1955**, and that death occurred at **8:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Volund Schipper (Degree or title) M.D.		23b. ADDRESS 4500 Olive St. St. Louis 8		23c. DATE SIGNED 3/4/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/55		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery St. Louis, Missouri	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK UND. CO. 1722 S. Jefferson			
DATE REC'D BY LOCAL REG. MAR 4 1955		REGISTRAR'S SIGNATURE Paul Smith MD			

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.....
Dev Hoffman

Licensed Embalmer No.....
413

P. O. Address.....
St Paul

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.