

10282

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2624

FILED MAR 31 1955

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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 Mo.		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Christian Hospital 19 days				e. STREET ADDRESS (If rural, give location) 20 2627 Montgomery Str. 220%					
3. NAME OF DECEASED (Type or Print) a. (First) -CHARLES- b. (Middle) _____ c. (Last) TERZIE			4. DATE OF DEATH (Month) (Day) (Year) Mar. 22 1955		5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 3 1893		9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			
11. BIRTHPLACE (City and State or Foreign Country) Trieste, Macedonia.		12. CITIZEN OF WHAT COUNTRY? U.S. natlized		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Etta Terzie. (nee Joplin)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 489-10-6318		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Melvin, son, 2627a Montgomery Str.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as suffocation, asphyxia, or strangulation. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Quodernal Ulcer with Pyloric obstruction & hemorrhage				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				6-10 MO.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. operative wound dehiscence 7 da post op								6-8 hrs	
19a. DATE OF OPERATION 3-14-55		19b. MAJOR FINDINGS OF OPERATION Pyloric obstruction due to peptic ulcer				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 5410					
22. I hereby certify that I attended the deceased from 3-5-1955 , to 3-22-1955 , that I last saw the deceased alive on 3-22-1955 , and that death occurred at 3:25 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Leo F. Conley M.D.				23b. ADDRESS 2739 N. Grand		23c. DATE SIGNED 3-23-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 25, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. MAR 23 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry Leidner Und. Co 2223 St. Louis Ave.					

S.P. (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 *Stanley H. Dixon*.....

Licensed Embalmer No. *4193*.....

P. O. Address *S. L.*.....

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.