

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16741

State File No.

318

1003

4562

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ 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) Christian Hospital | | c. LENGTH OF STAY (in this place) 2 weeks | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | e. CITY OR TOWN St. Louis Mo. STREET ADDRESS (If rural, give location) 5014 Alcott | |
| d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | 2078 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Martin b. (Middle) c. (Last) Jurisc | | 4. DATE OF DEATH (Month) (Day) (Year) May. 23, 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. | 8. DATE OF BIRTH Oct. 28, 1887 |
| 9. AGE (In years last birthday) 67 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone curb setter | 11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 8 | |
| 13a. FATHER'S NAME Martin Jurisc | | 13b. MOTHER'S MAIDEN NAME Barbra Plisc | |
| 14. NAME OF HUSBAND OR WIFE Katarina Jurisc | | 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. 497-01-1854 | | 17. INFORMANT'S SIGNATURE OR NAME Anna Wynne | |
| 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. | | 19. INTERVAL BETWEEN ONSET AND DEATH 6 1/2 mo. | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of liver with metastasis to right kidney & spleen | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) DUE TO (c) | |
| 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) | |
| 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? 1561 | | 22. I hereby certify that I attended the deceased from 6-26- , 19 54 , to May 23, 1955 , that I last saw the deceased alive on May 23, 1955 , and that death occurred at 12:35P m. , from the causes and on the date stated above. | |
| 23a. SIGNATURE J. J. Joffe | | 23b. ADDRESS (Degree or title) 4222 N. Grand | |
| 23c. DATE SIGNED 5-24-55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 26, May 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis. Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE John Stygar & Son Funeral Home. | |
| DATE REC'D BY LOCAL REG. MAY 24 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith | |
| 5541 Riverview Blvd. | | (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 *J.M. Ristic*.....

Licensed Embalmer No. *3980*.....

P. O. Address *St. Louis, Mo.*.....

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.