

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

27910

State File No. \_\_\_\_\_  
Registrar's No. 7476

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 7476	
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. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS 3004 Miami Street		24 22470			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) _____		c. (Last) Lisy		4. DATE OF DEATH (Month) (Day) (Year) Aug 24 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 11 1884		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Falstaff Brwy		11. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia			12. CITIZEN OF WHAT COUNTRY? US A		
13a. FATHER'S NAME Michael Lisy			13b. MOTHER'S MAIDEN NAME Katherine Pilat			14. NAME OF HUSBAND OR WIFE Anna			
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 Anna Lisy 3004 Miami Street				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiovascular</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diaphragmatic hernia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i> <i>1 yr</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>Hydrocephalus (Relative) due to ossicle calculus</i>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? <i>442X</i>			
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? _____					
22. I hereby certify that I attended the deceased from <i>8-13, 1955</i> , to <i>8-24, 1955</i> , that I last saw the deceased alive on <i>8-24, 1955</i> , and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>A. Sworhan</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>1657 So Grand</i>				23c. DATE SIGNED <i>8-25-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/27/55		24c. NAME OF CEMETERY OR CREMATORY St Trinity Cemetery		24d. LOCATION (City, town, or county) Lemay		(State) Mo	
DATE REC'D BY LOCAL REG. AUG 26 1955		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Moynell Funeral Home</i> 1926 Allen Av				

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 *Reinhold K. Lohm*.....

Licensed Embalmer No. *339*.....

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.