

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **12256**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11228**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		e. STREET ADDRESS (If rural, give location) 5020 Farlin Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Igeez		b. (Middle) B.		c. (Last) Kafoury Sr.	
4. DATE OF DEATH (Month) (Day) (Year) 12 21 55		5. SEX M.		6. COLOR OR RACE W.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 14 1908		9. AGE (In years last birthday) 47 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) Chemist		10b. KIND OF BUSINESS OR INDUSTRY Schulte Paint Co.		11. BIRTHPLACE (City and State or Foreign Country) / Pittsburg Penn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Beshora Kafoury		13b. MOTHER'S MAIDEN NAME Mary Koorie	
14. NAME OF HUSBAND OR WIFE Pearl (Carroll) Kafoury		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. 373-10-4484	
17. INFORMANT'S SIGNATURE OR NAME Pearl Kafoury		17. ADDRESS 5020 Farlin Ave.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of pancreas with liver metastasis</i> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <i>Metastasis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157X	
19a. DATE OF OPERATION 12/7/55		19b. MAJOR FINDINGS OF OPERATION <i>Generalized Carcinomatosis</i>		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?	
22. I hereby certify that I attended the deceased from <i>12/4/55</i> , to <i>12/21</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>12/20/55</i> , and that death occurred at <i>8:00</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Albert Repetto</i>		(Degree or title) M.D.		23b. ADDRESS <i>405 University Club Bldg</i>	
23c. DATE SIGNED <i>12/21/55</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>12/23/55</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>		24d. LOCATION (City, town, or county) <i>St. Louis, Co. Mo.</i>		24e. STATE	
DATE REC'D BY LOCAL REG. <i>DEC 22 1955</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert D. Kinealy</i>	
				ADDRESS <i>2228 St. Louis Av</i>	

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 *L. C. Drans*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.