

FILED APR 30 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH12861
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Washington.</u>		c. LENGTH OF STAY (In this place) <u>St. Francis Hospital</u>		c. CITY OR TOWN <u>Washington.</u>		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. <u>St. Francis Hospital.</u>				e. STREET ADDRESS (If rural, give location) <u>W. 2nd St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Storck</u>	
4. DATE OF DEATH		(Month) <u>Apr.</u>		(Day) <u>24th,</u>		(Year) <u>1956.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 3rd, 1878.</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 1 YEAR Days <u>21</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cob Pipe Factory.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gerald, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Storck.</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Pohlmann.</u>		14. NAME OF CONSERVATOR WIFE <u>Lydia Storck.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-18-0275</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Grounicker</u>		ADDRESS <u>Washington, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanotic Carcinoma (general)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Penis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>17 yrs.</u> <u>3 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				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) <u>1179x</u>			
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 <u>April 4, 1956,</u> to <u>April 24, 1956,</u> that I last saw the deceased alive on <u>April 23, 1956,</u> and that death occurred at <u>3:00 A.M.,</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Grounicker</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>4-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 27, 1956.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>New Haven, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/26/56</u>		REGISTRAR'S SIGNATURE <u>J.B. Seidmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Krieburg & Vitt Inc.</u> ADDRESS <u>Washington, Mo.</u>			

(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 *Jerome F. Profolo*

Licensed Embalmer No. *45*

P. O. Address *Washington*

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