

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32134**
Registrar's No. **8106**

FILED SEP 26 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8106	
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 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 St Lukes Hospital				e. STREET ADDRESS (If rural, give location) 1790 1827 Alfred Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) MARIA		b. (Middle) _____		c. (Last) JOHNOFF		4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 3, 1885	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Hungary		12. CITIZEN OF WHAT COUNTRY? Hungary			
13a. FATHER'S NAME Nicholas Zelenkoff			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ivan K. Johnoff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stephen Johnoff-5733 Mardel Ave.			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to peritoneum				INTERVAL BETWEEN ONSET AND DEATH 1 mo	
19a. DATE OF OPERATION 8.31.56		19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach - metastases 15/1x				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) (Min) _____		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 Aug 20, 1956 , to Aug 31, 1956 , that I last saw the deceased alive on Aug 31, 1956 , and that death occurred at 7:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Fulton B. Ray M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED Aug. 31, 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-4-56		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. SEP 4 1956		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S.Kingshighway Bl.			

(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.....

Licensed Embalmer No. 453.....

P. O. Address

**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.**