XC FILED NOV 29 1956

R20621 SL 11948

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39348
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10495

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA Hospital — Length of stay in 1b: 11 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: Granite City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1625 Olive — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Paul Middle Last Dineft
4. DATE OF DEATH: Month 11 Day 16 Year 1956
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-13-92
9. AGE (In years last birthday): 64 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (City and state or country): Yugoslavia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Dame Leco
14. MOTHER'S MAIDEN NAME: Maria Konda
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 333031425
17. INFORMANT: VA HOSPITAL RECORDS, ST. LOUIS, MO. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — 4 years
DUE TO (c): Arteriosclerosis.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Nephritis 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

Jesse M. Kelly
Exp. June 11-19

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 11-15-56, to 11-16-56 and last saw her/him alive on 11-16-56
Death occurred at 3:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W W Bowers (Degree or title) MD.
22b. ADDRESS: 1905 Delmar Granite City, Ill.
22c. DATE SIGNED: 11/16/56.

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 11-16-56
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill
23d. LOCATION (City, town, or county) (State): Madison, Illinois

24. FUNERAL DIRECTOR: John L. Sedlack ADDRESS: Granite City, Ill.
25. DATE RECD. BY LOCAL REG.: NOV 16 1956
26. REGISTRAR'S SIGNATURE: Earl Smith MD MOB

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John T. Sedlack

Licensed Embalmer No. 37

P. O. Address Madison

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.