

STANDARD CERTIFICATE OF DEATH

39590

State File No.

FILED NOV 28 1956

BIRTH NO. 81619-56

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9890

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		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 Anthony's Hospital		e. STREET ADDRESS (If rural, give location) 2249 3000 A Salena Street	
3. NAME OF DECEASED (Type or Print)	a. (First) Donald	b. (Middle) Robert	c. (Last) Lipka
4. DATE OF DEATH	(Month) Oct	(Day) 29	(Year) 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 26 1956
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/>	12. CITIZEN OF WHAT COUNTRY?
St Louis Missouri			
13a. FATHER'S NAME Donald H Lipka	13b. MOTHER'S MAIDEN NAME Mary Lou Jones	14. NAME OF HUSBAND OR WIFE None	
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 Donald H. Lipka	
		ADDRESS 3000 a Salena Street	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac dilation			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumaturia 6 1/2 min. postmortem			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 776x		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)	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 10/26 , 19 56 , to 10/29 , 19 56 , that I last saw the deceased alive on 10/29 , 19 56 , and that death occurred at 3:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Erwin S. Cwiklis M.D.		23b. ADDRESS 752 Lemay Ferry Rd	23c. DATE SIGNED 10/30/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/30/56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo
DATE REC'D BY LOCAL REG. OCT 30 1956	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home	
		ADDRESS 1926 Allen Av	

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 not embalmed..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George J. Sloboda Jr......
Licensed Embalmer No. 4899

P. O. Address 1926 Al.....

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.