

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39596

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **9974**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		Length of stay in lb STREET ADDRESS 2079e 4653 KORTE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IGNATUS Middle HENRY Last LORKOWSKI		4. DATE OF DEATH Month OCT. Day 31 Year 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 18, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY DAIRY	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME VALENTINE LORKOWSKI		14. MOTHER'S MAIDEN NAME AGNES FIEGEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-09-1014	
17. INFORMANT ELIZABETH LORKOWSKI		Address 4653 KORTE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) Carcinoma Rectum & metastasis Conditions, if any, which gave rise to above cause-(a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Renal shut down from blocking of ureters & cancer			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 154x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-25-54 to 10-31-56 and last saw her/him alive on 10-30-56 Death occurred at 7:45 am - 10-31-56 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dweller or title) Res J. F. Blanc M.D.		22b. ADDRESS 3725 Wash Blvd	
22c. DATE SIGNED 11-1-56			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE NOV. 3, 1956	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
24. FUNERAL DIRECTOR STROOT CARROLL 4600 NATURAL BR.		25. DATE RECD. BY LOCAL REG. NOV 1 1956	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public
Service300
-56

Doctor, coroner, etc. must use only standard formatters in their work. No symptoms will be missed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

LEO LE BLANC
3720 WASHINGTON
OL2-7529
1:00 - 4:00.

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 *M. W. Rueter*

Licensed Embalmer No. *480*

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.