

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39995**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2669**

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN UNIVERSITY CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP		STREET ADDRESS (If rural, give location) 6431 CATES AVENUE	
3. NAME OF DECEASED a. (First) CHARLES (Type or Print)		b. (Middle) KAZIMIERES c. (Last) GREGAITIS	
4. DATE OF DEATH (Month) (Day) (Year) NOV 9 1956		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	
8. DATE OF BIRTH 3/4/1888		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 8 IF UNDER 24 HRS. Days 5 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 GENERAL	
11. BIRTHPLACE (City and State or Foreign Country) LITHUANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME KAZIMARIS GREGAITIS		13b. MOTHER'S MAIDEN NAME ELIZABETH LUZSKAS	
14. NAME OF HUSBAND OR WIFE MAGDALENE (DIVORCED)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Tom Gregaitis - BENTON ILL.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OSTEO ARTHRITIS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR 5 10 YEARS	
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 9/21, 1956 , to 11/9, 1956 , that I last saw the deceased alive on 10/6, 1956 , and that death occurred 8:28 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. M. Kotuce M.D.		23b. ADDRESS 4409 WEST PINE STREET	
23c. DATE SIGNED 11/10/56		24a. OCCASION (Specify) Removal	
24b. DATE 11/13/56		24c. NAME OF CEMETERY CAIVARY	
24d. LOCATION (City, town, or county) (State) SAINT LOUIS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS John Skully - E. ST. LOUIS, ILL.	
DATE REC'D BY LOCAL REG. 11-10-56		REGISTRAR'S SIGNATURE Herbert B. Danks MD	

EX-111
28 1953

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 *Livington Fossan*

Licensed Embalmer No. *f. 2 f.*

P. O. Address *6322 S. K. St. Louis 11. Mo*

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.