

alth, welfare, public service, 300 -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43052

FILED JAN 15 1957

STATE FILE NUMBER 11932

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY OR TOWN <u>Collinsville</u> <u>8128</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>527 Autumn St.</u>	
Length of stay in lb <u>1 day</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>NMN</u> Last <u>GALINAT</u>			4. DATE OF DEATH Month <u>DEC.</u> Day <u>27</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 8, 1888</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u> Hours <u>8</u> Min. <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>		11. BIRTHPLACE (City and state or country) <u>Lithuania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Unknown</u>		
14. MOTHER'S MAIDEN NAME <u>Unknown</u>			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. <u>344-09-8208</u>			17. INFORMANT <u>John Zubosky</u> <u>905 Portland Ave., Collinsville, Ill.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SPONTANEOUS PNEUMOTHORAX</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>
DUE TO (b) <u>PULMONARY FIBROSIS AND EMPHYSEMA</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>525X</u>	
20c. TIME OF INJURY Hour <u>6A</u> Month <u>DEC</u> Day <u>27</u> Year <u>1956</u> a. m. <u>0</u> p. m. <u>0</u>		20d. INJURY OCCURRED WHILE AT WORK <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 <u>Collinsville</u> COUNTY <u>Madison</u> STATE <u>Illinois</u>	

21. I attended the deceased from <u>DEC. 26, 1956</u> to <u>DEC. 27, 1956</u> and last saw her alive on <u>DEC. 27, 1956</u> Death occurred at <u>6A:00</u> <u>DEC. 27, 1956</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Ed. Venellian</u> (Degree or title) M. D.	22b. ADDRESS <u>BARNES HOSPITAL</u>	22c. DATE SIGNED <u>12/27/56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12/30/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	23d. LOCATION (City, town, or county) (State) <u>Collinsville, Illinois</u>
24. FUNERAL DIRECTOR <u>Harold L. K... ..</u>	ADDRESS <u>Collinsville, Ill.</u>	25. DATE RECD. BY LOCAL REG. <u>DEC 27 1956</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith</u> M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
General: not Occupational

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 *Prof. E. Embelmed*, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Herbert A. Kasty*

Licensed Embalmer No. *68*

P. O. Address *Collins*

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.