

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43262

STATE FILE NUMBER

11886

FILED JAN 15 1957

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 <i>MO.</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				Length of stay in 1b #1.		d. STREET ADDRESS (If outside, give location) 21/2 STREET 3127 LOCUST		
3. NAME OF DECEASED (Type or print) First John Middle J. Last JOHNSON				4. DATE OF DEATH Month DECEMBER Day 7 Year 1956				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7/11/16		
9. AGE (In years last birthday) 94		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) UNKNOWN			10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and state or country) SWEDEN		12. CITIZEN OF WHAT COUNTRY? ????	
13. FATHER'S NAME OLSEN				14. MOTHER'S MAIDEN NAME JENNIE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) UNKNOWN ???			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address ST. LOUIS CITY HOSPITAL #1.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Vasomotor Collapse DUE TO (b) Incision & Drainage of Retroperitoneal DUE TO (c) TUR & Resection of Prostetic Capsule PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART I(a))							INTERVAL BETWEEN ONSET AND DEATH	
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.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____			610x					
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		COUNTY STATE		
21. I attended the deceased from 12/4/56 to 12/7/56 and last saw her/him alive on 12/7/56 Death occurred at 5:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W.A. Kalabiv, M.D. (Degree or title)				22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 12/10/56.		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-31-56		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
24. FUNERAL DIRECTOR Rowland-Aker Mortuary Service Address 4104 Manchester Ave. St. Louis 10, Mo.				25. DATE RECD. BY LOCAL REG. DEC 27 1956		26. REGISTRAR'S SIGNATURE Carl Smith M.D. msb		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Quenid: - Benign hepatocellular carcinoma

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use any standard nomenclature in item 18. No symptoms with or without diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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.....

Licensed Embalmer No.....

City

State

Zip

P. O. Address.....

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.