

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43681**  
**10721**

**318**

**1003**

Registrar's No. **10721**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>St Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6421 Virginia</u>		e. STREET ADDRESS (If rural, give location) <u>20170 6421 Virginia</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORYAN</u> b. (Middle) <u>PIJUT</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 22 1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>APR 2 1916</u>
9. AGE (In years last birthday) <u>40</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus. Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ill</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Stephan Pijut</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>Barbara</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME <u>Barbara Pijut</u>		ADDRESS <u>6421 Virginia</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nep. pneumonia acute cholecystitis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 9-15, 1956 to 11-22, 1956 that I last saw the deceased alive on 11-21, 1956, and that death occurred at 4 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Andrew L. K. Cress, M.D.</u>	23b. ADDRESS <u>4632 So Grand Blvd</u>	23c. DATE SIGNED <u>11-24-56</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-26-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
--	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>NOV 24 1956</u>	REGISTRAR'S SIGNATURE <u>J. Earle Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JOS. P. FENDLER JR.</u>	ADDRESS <u>7128</u>
---	---	---	---------------------

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

*Clarence Kachow*

Licensed Embalmer No. *3093*

P. O. Address *7128 Me...*

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.