

XC 19800557

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43758

R19514 SL 11467
FILED JAN 15 1957

318

1003

STATE, FILE NUMBER

11881

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN E. St. Louis, 81208		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION VA HOSPITAL			Length of stay in lb 83 days	d. STREET ADDRESS (If outside, give location) 790 N 39th St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) George Rigel				First George	Middle 	Last Rigel	4. DATE OF DEATH 12-24-56	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-15-94	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min. 	IF UNDER 24 HRS. Months Days Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator			10b. KIND OF BUSINESS OR INDUSTRY Glass factory	11. BIRTHPLACE (City and state or country) Shomokin, Penn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Lawrence Rigel				14. MOTHER'S MAIDEN NAME Elizabeth Bojinski				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 329104836		17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MO.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver							INTERVAL BETWEEN ONSET AND DEATH UNK.	
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) 581.0							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 								
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. Attended the deceased from 10-2-56 to 12-24-56 and last saw ^{him} alive on 12-24-56 Death occurred at 11:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Julien Bahr (Degree or title) M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 12-25-56		
23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE 12/27/56	23c. NAME OF CEMETERY OR CREMATORY National Cem.		23d. LOCATION (City, town, or county) Jeff. Bks., Mo		(State)		
24. FUNERAL DIRECTOR Edward Fendler Mortuary 5611 S Grand Bl.			ADDRESS	25. DATE RECD. BY LOCAL REG. DEC 26 1956		26. REGISTRAR'S SIGNATURE Carl Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

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

00
-56

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 *Harry J. Schuman*

Licensed Embalmer No. *Y6*

P. O. Address *5611 88*

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.