

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43933

STATE FILE NUMBER  
10991

FILED DEC 20 1956

318

1003

Registration District No. Primary Registration District No. Registration District No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>LEMAY</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>INCARNATE WORD HOSPITAL</i>				Length of stay in Ib		d. STREET ADDRESS (If outside, give location) <i>737 KAYWOOD</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>CHARLES - STANECK</i>				4. DATE OF DEATH Month Day Year <i>Nov. 29 1956</i>			
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>SEPT 27 1882</i>	9. AGE (In years (as birthday)) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED BEER BOTTLER</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>	
13. FATHER'S NAME <i>CHARLES STANEK</i>				14. MOTHER'S MAIDEN NAME <i>LOUISE VOGT</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-07-1425</i>		17. INFORMANT Address <i>EMMA STANECK LEMAY Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Adenocarcinoma of Rectum with Metastases</i>							INTERVAL BETWEEN ONSET AND DEATH <i>not known</i>
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) <i>Hypertrophied Prostate with obstruction</i>							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 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		STATE
21. I attended the deceased from <i>11-3-56</i> to <i>11-16-56</i> and last saw <sup>her</sup> <del>him</del> alive on <i>11-26-56</i> Death occurred at <i>11-29-56 8 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. J. Boufa</i> (Degree or title)				22b. ADDRESS <i>539 N. Grand</i>		22c. DATE SIGNED <i>11/29/56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<i>BURIAL</i>		<i>DEC. 1 1956</i>		<i>S. S. PETER &amp; PAUL</i>		<i>ST. LOUIS Mo</i>	
24. FUNERAL DIRECTOR <i>Thomas Kuter 2906 Beavria</i>				25. DATE RECD. BY LOCAL REG. <i>DEC 1 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1713-1709  
File 5 PM, G. P. ...

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 *Harold E. Hill*.....

Licensed Embalmer No. 43.....

P. O. Address 2906 &.....

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.