

STANDARD CERTIFICATE OF DEATH

2690

FILED JAN 29 1957

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STATE FILE NUMBER 394

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 Missouri b. COUNTY			
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 St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 2 wks		STREET ADDRESS (If outside, give location) 6263 Delor St.	
3. NAME OF DECEASED (Type or print) First Middle Last John Fansin			4. DATE OF DEATH Month Day Year Jan. 12 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 20, 1888	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receiving clerk		10b. KIND OF BUSINESS OR INDUSTRY Mona rch Metal Weather Strip Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13. FATHER'S NAME Frederick Fansin			14. MOTHER'S MAIDEN NAME Bertha Schmidt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Julia Fansin 6263 Delor St.	
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>(Mediastinal) Metastatic Carcinoma</i> DUE TO (b) <i>Broncho-genic Carcinoma (Lung)</i> 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>None</i>					INTERVAL BETWEEN ONSET AND DEATH <i>several yrs</i> <i>operated 6 yrs ago</i> <i>1951</i> <i>Pneumonia</i>
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. I attended the deceased from <i>1-3-57</i> to <i>Jan 12-57</i> and last saw him <i>him</i> alive on <i>1-12-57</i> Death occurred at <i>5:30P</i> m on the <i>date</i> stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John J. Hammond M.D.</i> (Degree or title)		22b. ADDRESS <i>634 N. Grand</i>		22c. DATE SIGNED <i>1/14/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Jan. 15, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis County, Mo.</i>		23e. (State)			
24. FUNERAL DIRECTOR <i>Hoffmeister Colonia 1 Mortuary</i> 6464 Chippewa St., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. <i>JAN 14 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on record. All 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

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 *Levin C. Hoffmann*

Licensed Embalmer No. 38

P. O. Address 78148A

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.