

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19162

State File No.

FILED JUN 14 1957

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No. 5198

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. 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 Madison			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 23 days		c. CITY OR TOWN Madison		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 (If not in hospital or institution, give street address or location) 14 Jewish Hospital				e. STREET ADDRESS (If rural, give location) 32 1301 Madison Ave. 8120g			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle)		c. (Last) Petroff		4. DATE OF DEATH (Month) (Day) (Year) 6 2 57	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married		8. DATE OF BIRTH 4-23-90	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY construction		11. BIRTHPLACE (City and State or Foreign Country) Bulgaria		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none			
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. 355-03-8177		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chris Costoff Madison, Illinois			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brochogenic Carcinoma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 162x				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 months</u>	
19a. DATE OF OPERATION 4/19/57		19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma to spinal cord				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) (Min.)		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 <u>May 9, 1957</u> , to <u>June 2, 1957</u> , that I last saw the deceased alive on <u>June 1, 1957</u> , and that death occurred at <u>4:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Stanley Reitman, M.D.				23b. ADDRESS 216 S. Kingshighway		23c. DATE SIGNED 6/2/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6-3-57		24c. NAME OF CEMETERY OR CREMATORY St. John's		24d. LOCATION (City, town, or county) (State) Granite City Illinois	
DATE REC'D BY LOCAL REG. JUN 3 '57		REGISTRAR'S SIGNATURE Carl Smith M.D.		FUNERAL DIRECTOR'S SIGNATURE John Sedlach		ADDRESS Madison, Ill.	

(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 ^{not} embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John T. Sedlack*.....

Licensed Embalmer No. *3747*
P. O. Address *MADISON, ILL.*

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.