

Health, Welfare, Public Service  
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 Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no cause stated. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19521

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 541 Registrar's No. 1273

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>County Hosp.</u>			Length of stay in 1b <u>3 mths</u>		d. STREET ADDRESS (If outside, give location) <u>7036 Tulane</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>NATHAN</u> <sup>First</sup> <u>CANKROUTE</u> <sup>Middle</sup> <u>CANKROUTE</u> <sup>Last</sup>				4. DATE OF DEATH <u>May 18, 1957</u> <sup>Month</sup> <sup>Day</sup> <sup>Year</sup>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Unk.</u>		9. AGE (In years last birthday) <u>Ab. 75</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail shop</u>		11. BIRTHPLACE (City and state or country) <u>Essand</u>		12. CITIZEN OF WHAT COUNTRY? <u>Poland</u>	
13. FATHER'S NAME <u>Unk. Cankroute</u>				14. MOTHER'S MAIDEN NAME <u>Unk.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT <u>Sam Cankroute 7208 Dartmouth</u> <sup>Address</sup>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONAR THROMBOSIS</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>3 years</u>	
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.) <u>4200</u>				
20c. TIME OF INJURY Hour <u>          </u> Month <u>          </u> Day <u>          </u> a. m. <u>          </u> p. m. <u>          </u>							
20d. INJURY OCCURRED WHILE AT <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 <u>Oct 1951</u> to <u>11/24/56</u> and last saw <sup>him</sup> alive on <u>11/24/56</u> Death occurred at <u>11 a m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lawrence M. Potan MD</u>				22b. ADDRESS <u>4409 W Pine</u>		22c. DATE SIGNED <u>5/18/57</u>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <u>Bur.</u>		23b. DATE <u>5/19/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chevre Kadisha</u>		23d. LOCATION (City, town, or county) (State) <u>University City, Mo.</u>		
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u>			25. DATE RECD. BY LOCAL REG. <u>5-19-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Rombeck</u>		

St. Louis

No.

St. Louis

x

University City

x

Clayton

7036 Tullane

3 mths County Hosp.

May 18, 1957

CAMBRIDGE



NATHAN

Ap. 75

Unk.

x

White

Male

Poland

Bossard

Retail shop

Tailor

Unk.

Unk. Bankroute

Unk. 28m Bankroute 7508 Detmonth

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed *Quinn J. Quindberg*

Licensed Embalmer No. 422

P. O. Address .....

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.

On this body is embalmed, fact should be stated on reverse side.

Better Memorial 475 Johnson