

Health, Welfare, Public Service

300 -56

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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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26395

STATE FILE NUMBER

FILED JUL 31 1957

318

1003

6348

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Pana</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>24 Childrens Hospital</b>				Length of stay in lb <b>4 days</b>		d. STREET ADDRESS (If outside, give location) <b>32 304 N. Sheridan Ave.</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Hohn</b> Last <b>Mrosko Jr.</b>				4. DATE OF DEATH Month <b>July</b> Day <b>6</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 27, 1949</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City and state or country) <b>Pana, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Joseph J. Mrosko Sr.</b>				14. MOTHER'S MAIDEN NAME <b>Anabelle Sarver</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Joseph J. Mrosko Sr., Pana, Ill.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive cellulitis and shock;</b> <b>Splinter wound in chest.</b> 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) _____							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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) <b>Suffered when stepping over fence in yard of home at Pana, Illinois, June 30th 1957.</b>					
20c. TIME OF INJURY Hour a. m. p. m. <b>6 30 a. m.</b>		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.) <b>32 N. Sheridan</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>812</b> STATE <b>Pana, Illinois</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>6:15 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
22a. SIGNATURE (Degree or title) <b>Johnny E. English</b>				22b. ADDRESS <b>1300 Elm C</b>		22c. DATE SIGNED <b>7/8/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-8-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Pana, Ill.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 8 57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>	

Christian

Illinois

x

Paris

x

St. Louis

x

301 N. Dearborn Ave.

St. Louis

Childrens Hospital

July 1, 1957

John J. ...

John

Joseph

8

May 23, 1957

x

White

Male

St. Louis

St. Louis

School

Student

Anabelle ...

Joseph J. ...

Joseph J. ...

St. Louis

Ill

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

*John J. ...*

Licensed Embalmer No. 41

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.

If this body is not embalmed, fact should be so stated above.

7-2-57

Illinois