

XC-16 185 355 SL 5084 FILED SEP 4 1957		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH		29837 STATE FILE NUMBER	
Registration District No. 318		Primary Registration District No. 1003		Registrar's No. 7744	
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, give TOWNSHIP only) Inside Limits OR TOWN 915 N. GRAND, ST. LOUIS, MO. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN MADISON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b 35 INSTITUTION VET. ADM. HOSPITAL 5 days		d. STREET ADDRESS (If outside, give location) 32 ADDRESS 1238 IOWA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last SOTIR (SAM) NICOLOFF			4. DATE OF DEATH Month Day Year AUGUST 18, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/23/95	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NANIOBAL, TURKEY	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME NICK NICOLOFF			14. MOTHER'S MAIDEN NAME ROSE (UNKNOWN)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA. HOSP. RECORDS, ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS DUE TO (b) METASTATIC ADENOCARCINOMA OF COLON DUE TO (c) 153x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH UNKNOWN 9 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <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 8/13/57 to 8/18/57 and last saw him her alive on 8/18/57 . Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or title) <i>[Signature]</i>			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 8/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify removal)		23b. DATE 8-19-57	23c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park	23d. LOCATION (City, town, or county) (State) Belleville Illinois	
24. FUNERAL DIRECTOR John L. Sedlack		ADDRESS Madison, Illinois	25. DATE RECD. BY LOCAL REG. AUG. 19 57	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} ~~was~~

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: *John T. Sedlar*

Licensed Embalmer No. 3747

P. O. Address, Madison, I.

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.