

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33847

FILED SEP 18 1957

STATE FILE NUMBER

318

1003

8278

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)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Overland</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>27 9606 Whistler Place</u>		
3. NAME OF DECEASED (Type or print) First <u>Steve</u> Middle <u></u> Last <u>Marek</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>3</u> Year <u>1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 5, 1899</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pulman Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pullman Co.,</u>		11. BIRTHPLACE (City and state or country) <u>Bohemia</u>		9. AGE (In years last birthday) <u>57</u>		
13. FATHER'S NAME <u>Stefan Marek</u>				14. MOTHER'S MAIDEN NAME <u>Mary Schenk</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>R. R. Ret. 709-09-9100</u>		17. INFORMANT <u>Mary Marek (wife) 9606 Whistler Place</u>		
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>Septicemia</u> DUE TO (b) <u>Staphylococcus Aureus</u> DUE TO (c) <u>Abcess Right GLUTEAL Region</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Diabetes Mellitus 260X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</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.)					
20c. TIME OF INJURY Hour <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u>								
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 <u>July 26, '57</u> to <u>Sept. 3</u> and last saw her alive on <u>Sept. 3</u> Death occurred at <u>3 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>John C. McVally M. P.</u>				22b. ADDRESS <u>Firmin Desloge Hosp</u>		22c. DATE SIGNED <u>9/4/57</u>		
23a. BURIAL CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>9-6-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		
24. FUNERAL DIRECTOR <u>Baumann Bros. Inc.</u> ADDRESS <u>Overland, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>SEP 4 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		

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..... *David C. Gibert*

Licensed Embalmer No. *340*

P. O. Address *Overland*

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.