

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34199
STATE FILE NUMBER
9157

FILED OCT 14 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

5. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP ST. LOUIS, MO.		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP. # 1		d. STREET ADDRESS (If outside, give location) 416 900 3420 Cherokee	
3. NAME OF DECEASED (Type or print) First Middle Last PAUL SUDA		4. DATE OF DEATH Month Day Year SEPT. 28, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-13-88
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pension	11. BIRTHPLACE (City and state or country) Poland
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pension		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? YES
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Eva Deceased
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.	17. INFORMANT Address John Suda 3420a Cherokee Str.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ? DUE TO (b) Left retroperitoneal malignancy DUE TO (c) 158X 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 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 8/11/57 to 9/28/57 and last saw her/him alive on 9/28/57 Death occurred at 3:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Sign as title) John W. Strzech, M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	
22c. DATE SIGNED 9/28/57		23. NAME OF CEMETERY OR CREMATORY Resurrection	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 2/57	
23c. LOCATION (City, town, or county) (State) St Louis Co., Mo.		24. FUNERAL DIRECTOR ADDRESS Central Funeral Home 1841 Cass ave	
25. DATE RECD. BY LOCAL REG. OCT 1 57		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

ST. LOUIS, MO.

ST. LOUIS CITY HOSPITAL

ST. LOUIS, MO.

AGE

DATE

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

12/18/12

12/18/12

Signed

J. M. Roster

Licensed Embalmer No. 3900

P. O. Address St. Louis, Mo.

12/18/12

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.