

Health, & Welfare
S. Public
th Service

S. 300
v. 1-56

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

Rehm

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36446

STATE FILE NUMBER

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 87

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arnold		c. CITY OR TOWN Arnold	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. #22-Box 2700		Length of stay in lb 1 Yr.	
3. NAME OF DECEASED (Type or print) MIKE PALANK SR.		4. DATE OF DEATH Oct. 7 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 July 17, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher (Retired)		100. KIND OF BUSINESS OR INDUSTRY St. Louis Independent Pkg. Co.	11. BIRTHPLACE (City and state or country) Hungary
13. FATHER'S NAME Unknown Palank		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No None		16. SOCIAL SECURITY NO.	
17. INFORMANT Ernest Hoffmann		Address R.R. #22-Box 2700	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortic Aneurysm			INTERVAL BETWEEN ONSET AND DEATH
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 022X
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Rock Twp. Jeff. Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Samuel R. Toland, M.D. Coroner</i>		22b. ADDRESS Manassas Factory Dr	22c. DATE SIGNED 10/8/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 10, 1957	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Kriegshauser		25. DATE RECD. BY LOCAL REG. Oct 10. 1957	26. REGISTRAR'S SIGNATURE <i>Robert E. Bauer</i>

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT. 15 1957

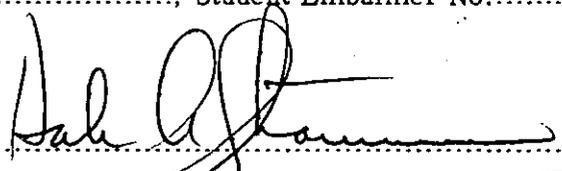
DEC 23 1957

DEC 5 1957

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 

Licensed Embalmer No. 453

P. O. Address

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.