

SL 16186
FILED MAR 21 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011528
STATE FILE NUMBER
3101

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

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		d. STREET ADDRESS (If outside, give location) 717 E. ADAMS STREET	
3. NAME OF DECEASED (Type or print) First ROSEWELL Middle Last DE CRASTOS		4. DATE OF DEATH Month 3- Day 15- Year 58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-29-88
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPAIR MAN		10b. KIND OF BUSINESS OR INDUSTRY BICYCLE	11. BIRTHPLACE (City and state or country) CHICAGO, ILLINOIS
13a. FATHER'S NAME EDWARD F DE CASTOS		13b. MOTHER'S MAIDEN NAME MARALEE WATSON	14. NAME OF HUSBAND OR WIFE NEVER MARRIED
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VAH RECORDS 915 N. GRAND 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) CARCINOMATOSIS DUE TO (b) CARCINOMA OF THE RECTUM DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE BACTERIAL ENDOCARDITIS			INTERVAL BETWEEN ONSET AND DEATH 154x
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 WORK <input type="checkbox"/> 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 3/12/58 to 3/15/58 and last saw him alive on 3/15/58 Death occurred at 3:28 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Felix Jabczewski (Type name or title)		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 3-16-58			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-18-58	23c. NAME OF CEMETERY OR CREMATORY CAMP BUTLER NATNL	23d. LOCATION (City, town, or county) (State) SPRINGFIELD, ILLINOIS
24. FUNERAL DIRECTOR ADDRESS STAB FUNERAL HOME, SPRINGFIELD, ILL		25. DATE RECD. BY LOCAL REG MAR 17 '58	26. REGISTRAR'S SIGNATURE Carl Smith M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Not Embalmed....., Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Vincent E. Staab.....

Licensed Embalmer No. 8668.....
P.O. Address 1109 50 5TH ST
SPRINGFIELD, IL

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.