

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024186
State File No.

FILED JUL 13 1958
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1729

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FLORISSANT RURAL</u>		c. LENGTH OF STAY (in this place) <u>8 DAYS</u>	c. CITY OR TOWN <u>40000</u> <u>FLORISSANT</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. STANISLAUS SEMINARY</u>		e. STREET ADDRESS (If rural, give location) <u>ST. STANISLAUS SEMINARY</u>	

3. NAME OF DECEASED (Type or Print) <u>MARK</u>	a. (First)	b. (Middle)	c. (Last) <u>PAPICKA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 27 1958</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>JULY 17, 1886</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>71</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious Brother</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Soc. of Jesus</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>EUROPE</u>	12. CITIZEN OF WHAT COUNTRY? <u>DNK.</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RECORDS, ST. STANISLAUS SEMINARY</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>151X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from June 19, 1958, to June 27, 1958, that I last saw the deceased alive on June 24, 1958, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Jank</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Cave Creek, Mo</u>	23c. DATE SIGNED <u>6/29/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-30-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. STANISLAUS</u>	24d. LOCATION (City, town, or county) (State) <u>FLORISSANT, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/28/58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Sullness</u>	ADDRESS <u>FLORISSANT, Mo.</u>
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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 *Gene A. Hutchins*
Licensed Embalmer No. *490*

P. O. Address *FLORISSAN*

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.