

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034774
STATE FILE NUMBER
8826

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8826

300
1-57
0

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 TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp.		d. STREET ADDRESS (If outside, give location) 4726 Rosa Ave.	
Length of stay in 1b 28 2/3		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last DANICA DAISY TURINA			4. DATE OF DEATH Month Day Year Sep. 11 1958		
---------------------------------------------------------------------------------	--	--	----------------------------------------------------	--	--

5. SEX Female	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 Dec. 21, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
------------------	---------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	---------------------------------------	-------------------------------------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Yugoslavia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
----------------------------------------------------------------------------------------------------------	----------------------------------------------	----------------------------------------------------------	----------------------------------------

13a. FATHER'S NAME George Buban	13b. MOTHER'S MAIDEN NAME Mary Turina	14. NAME OF HUSBAND OR WIFE Late Romano Turina
------------------------------------	------------------------------------------	---------------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give type and length of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Vincent Buban 4726 Rosa Ave.
--------------------------------------------------------------------------------------------------------------------	---------------------------------	-------------------------------------------------------

18. CAUSE OF DEATH (Enter one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of stomach diagnosed</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8-4-58</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Metastasis to all abdominal organs.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>151x</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <i>✓</i>
-----------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour Month, Day, Year p.m.	<i>✓</i>
------------------------------------------------------	----------

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 Death occurred at <i>8-4-58 2:30 p.m.</i> to <i>9-11-58</i> and last saw her <i>live on 9-11-58</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) <i>James A. Foreman</i>	22b. ADDRESS <i>3903 Olive St</i>	22c. DATE SIGNED <i>9-12-58</i>
-----------------------------------------------------------	--------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Sep. 15, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>
-------------------------------------------------------------	-----------------------------------	--------------------------------------------------------------------	---------------------------------------------------------------------------

24. FUNERAL DIRECTOR ADDRESS <i>Kriegshauser 4228 S. Kingshighway</i>	25. DATE RECD. BY LOCAL REG. <i>SEP 12 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>
--------------------------------------------------------------------------	---------------------------------------------------	------------------------------------------------

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard W. Storrans*

Licensed Embalmer No. *4007*

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.