

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037891
STATE FILE NUMBER
10133

FILED OCT 30 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10133

5. 300
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hosp, Inc.		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2114 A Allen Ave		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Daniel Middle - Last Janovic			4. DATE OF DEATH Month October Day 22 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1891	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truckman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Czechoslovakia 6		12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME George Janovic		13b. MOTHER'S MAIDEN NAME Katherine Haruscak		14. NAME OF SPOUSE OR WIFE Elizabeth Janovic	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1st		16. SOCIAL SECURITY NO.	17. INFORMANT Elizabeth Janovic 2114 Allen Ave		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Failure, acute					INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Respiratory insufficiency					4 weeks
DUE TO (c) Left pneumonectomy					163x 4 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of left lung-operated					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
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 Sept. 15, 1958 , to October 22, 1958 , and last saw him alive on October 21, 1958 Death occurred at 9:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. Riscione M.D. (Degree or title)			22b. ADDRESS 1755 S. Grand Blvd.		22c. DATE SIGNED 10-22-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/25/58	23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cem		23d. LOCATION (City, town, or county) (State) Lemay 23 Mo	
24. FUNERAL DIRECTOR Moydell Funeral Home, St. Louis, Mo.			25. DATE RECD. BY LOCAL REG. OCT 23 '58	26. REGISTRAR'S SIGNATURE J. C. Smith MO	

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Reinhold K. Lohman.....

Licensed Embalmer No. 3395.....
P. O. Address St. Louis.....

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.