

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042481

STATE FILE NUMBER

FILES NOV 18 1958 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2877

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ferguson 4119
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6837 Corbitt		Length of stay in lb Years	d. STREET ADDRESS (If outside, give location) 208 Ruggles
3. NAME OF DECEASED (Type or print) First George Middle John Last Rallis, Jr.		4. DATE OF DEATH Month 11 Day 7 Year 58	
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 Jan. 8, 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpet Layer		10b. KIND OF BUSINESS OR INDUSTRY Carpet	9. AGE (In years last birthday) 42
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George J. Rallis, Sr.		13b. MOTHER'S MAIDEN NAME Lottie unknown	14. NAME OF HUSBAND OR WIFE Edith Rallis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W W II		16. SOCIAL SECURITY NO. 488-05-9326	17. INFORMANT Address Edith Rallis, 208 Ruggles
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma to Lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Probably from Lung - Bronchogenic Carcinoma DUE TO (c) Carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1621			INTERVAL BETWEEN ONSET AND DEATH 6 mos
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.) 1621	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 July 1 '58 to November 7, 1958 last saw him alive on November 7, 1958 Death occurred at 11:00 PM Nov. 7, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Of the doctor) Richard L. Steiner MD		22b. ADDRESS 4161 Ludell Blvd	22c. DATE SIGNED Nov. 8 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11/10/58	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	23d. LOCATION (City, town, or country) (State) St. Louis Mo.
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral 1905 Union		25. DATE RECD. BY LOCAL REG. 11-8-58	26. REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Physician, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. R. L. Sterkel
4161 Lindell

Hrs. 11 - 1:30 Sat.

MAY 9 1960
6 AM SA

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 *Warren A. Carver*

Licensed Embalmer No. *353*

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.