

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002659

STATE FILE NUMBER

262

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 262

FILED FEB 11 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> (Mission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Louis</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <u>Bellefontaine Neighbors</u> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>DePaul Hospital</u> INSTITUTION		Length of stay in lb <u>3 da</u>	d. STREET ADDRESS <u>1400 Coburg Lands Dr.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle Last <u>ADICKLES</u>			4. DATE OF DEATH Month <u>January</u> Day <u>8th</u> Year <u>1959</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 16th, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>cement</u>	11. BIRTHPLACE (City and state or country) <u>Lithuania</u>
13a. FATHER'S NAME <u>Peter Adickles</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Zebaluki</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Adickles</u>
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>492-07-9839</u>	17. INFORMANT Address <u>Marie Adickles, 1400 Coburg Lands Dr.,</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac insufficiency</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>12 months</u>
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.) <u>ITEM 22c CORRECTED</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY AFFIDAVIT OF <u>Physician</u> <u>4-10-59</u>	
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 <u>Jan 16, 1958</u> to <u>January 8, 1959</u> and last saw him alive on <u>January 8, 1959</u> Death occurred at <u>9:30</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John T. Lawton, M.D.</u> (Degree or title)		22b. ADDRESS <u>634 N. Grand Blvd.</u>	22c. DATE SIGNED <u>Jan. 9, 1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>1/12/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>JAN 9 '59</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo.*

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.