

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007360
STATE FILE NUMBER
2 1373

Registration District No. _____ Primary Registration District No. _____

FILED MAR 2 1959

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>4511 BRENTWOOD</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>FARMIA DESLORE</i>		Length of stay in lb <i>2/3/59-2/7/59</i>	d. STREET ADDRESS (If outside, give location) <i>8839 MADGE AVE</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>ZORA</i> Middle Last <i>LAZER</i>			4. DATE OF DEATH Month <i>FEB</i> Day <i>7</i> Year <i>1959</i>		
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5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>CAUCASIAN</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-12-1888</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>HOUSEWORK</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>	11. BIRTHPLACE (City and state or country) <i>Yugo Slavia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>SKUTER</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mary Joseph - 8839 Madge</i>	Address <i>Brentwood Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Central Nervous System METASTASIS</i> DUE TO (b) <i>Adenocarcinoma of Cecum</i> DUE TO (c) <i>153.0</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>2 Yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus, Adrenal insuf.</i>		19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <i>Feb 3, 1959</i> to <i>Feb 7, 1959</i> and last saw her alive on <i>Feb 6, 1959</i> Death occurred at <i>3:35</i> <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Quintin J. Wick P.D.</i>	22b. ADDRESS <i>1305 South Grand</i>	22c. DATE SIGNED <i>2-7-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-10-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Piadeas Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
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24. FUNERAL DIRECTOR <i>Edward Kochson - 3516 N. 14th</i>	25. DATE RECD. BY LOCAL REG. <i>FEB 9 '59</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Herbert J. Lee Jr.*

Licensed Embalmer No. *4800*
P. O. Address *Kirkwood 22 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.