

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037422

FILED VS. OCT 21 1959

MEMORANDUM

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 9205**

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		Length of stay in lb D.O.A.		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 City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 979 Elias Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Watsie Middle D Last Bochantin				4. DATE OF DEATH Month October Day 5 Year 1959									
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 9-28-1906		9. AGE (last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Milton Construction Co			11. BIRTHPLACE (City and state or country) Du Bois, Illinois			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Michael Bochantin				13b. MOTHER'S MAIDEN NAME Frances Kania				14. NAME OF HUSBAND OR WIFE Sophie M. Bochantin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. 494-03-5840		17. INFORMANT Address Mrs. Sophie Bochantin, 979 Elias Avenue							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Heart filling the entire Pericardial sac. (traumatic); DUE TO (b) suffered when car operated by the deceased struck bridge abutment in the vicinity of 7800 No. Broadway, DUE TO (c) on Oct. 5th, 1959, at about 1:40 P.M.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION soo		COUNTY		STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Joseph M. Quinn Deputy Coroner				22b. ADDRESS 1300 Clark Ave				22c. DATE SIGNED 10-7-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 9, 1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri							
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Avenue				25. DATE RECD. BY LOCAL REG. OCT 7 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Info added by
advt of coroner
11-13-59---jf

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 _____

John W. Nay

Licensed Embalmer No. 2372

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.