

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 23 1959

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211524

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

| | | | | | | | |
|---|--|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND ST LOUIS MO | | Length of stay in lb 115 DAYS | | c. CITY OR TOWN ST. CHARLES | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 57 MELODY LANE | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last LEO E. JERABEK | | | | 4. DATE OF DEATH Month Day Year DECEMBER 10, 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 8/26/28 | 9. AGE (last birthday) 31 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (City and state or country) TRUESDALE, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME JOSEPH L. JERABEK | | | 13b. MOTHER'S MAIDEN NAME LOUIS L. LUCAS | | 14. NAME OF HUSBAND OR WIFE CHARLOTTE JERABEK | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN CONFLICT | | 16. SOCIAL SECURITY NO. 494-28-4250 | | 17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EWINGS SARCOMA OF FEMUR DUE TO (b) DUE TO (c) 196.7 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH UNKNOWN | |
| 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 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 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. Died the deceased from 8/17/59 to 12/10/59 and last saw him alive on 12/10/59 Death occurred at 3:00 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE H. L. Ellis M.D. | | | 22b. ADDRESS VAH, ST. LOUIS, MO. | | 22c. DATE SIGNED 12/10/59 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 14, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem. | | 23d. LOCATION (City, town, or county) St. Louis, Mo. | | (State) | |
| 24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo. | | | ADDRESS DEC 12 1959 | | REGISTRAR'S SIGNATURE Kearl Smith, M.D. | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 30 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David C. Bane

Licensed Embalmer No. 5060

P. O. Address H. Clark

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.