

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 wks.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Faith Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5550 Nat. Bridge
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRED Middle HENRY Last HYDRON			4. DATE OF DEATH Month Aug. Day 24, Year 1960		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/27/1884	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Construction Bldg.	11. BIRTHPLACE (City and state or country) Edwardsville, Ill.	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Fred Hydron		13b. MOTHER'S MAIDEN NAME Catherine Yanda		14. NAME OF HUSBAND OR WIFE Florence (Dcd.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Yes	17. INFORMANT August Hydron 4300 Lindell, St. LOUIS		

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>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH 6 Mts?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Metastasis Generalized</u>	
	DUE TO (c) <u>151X</u>	
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 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
21. I attended the deceased from <u>Aug 8, 1960</u> to <u>Aug 23, 1960</u> and last saw ^{her} him alive on <u>Aug 23, 1960</u> Death occurred at <u>2:30 PM</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>John S. [Signature]</u>		22b. ADDRESS <u>3720 Washington Ave</u>		22c. DATE SIGNED <u>8/24/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/26/1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.

24. FUNERAL DIRECTOR Baumann Bros. Inc., 250 1/2 Woodson Road, Overland, Mo.		25. DATE RECD. BY LOCAL REG. AUG 24 1960	26. REGISTRAR'S SIGNATURE <u>John Smith, 17. V.</u>
---------------------------------------------------------------------------------------	--	---------------------------------------------	--------------------------------------------------------

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Dr. John Sciortino
3720 Washington, Beaumont Bldg.,
JE5-5554

Hours Wed. 1 - 4
Thurs. None
Fri. 1-4

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed David C. L.

Licensed Embalmer No. 345

P. O. Address Overland

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.