

FILED MAY 11 1949

State File No. 3781

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		a. STATE Illinois	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				b. COUNTY Macoupin			
3. NAME OF DECEASED (Type or Print)				c. CITY (If outside corporate limits, write RURAL and give township)		d. STREET ADDRESS (If rural, give location)	
a. (First) Peter		b. (Middle)		c. (Last) Biscan		4. DATE OF DEATH (Month) (Day) (Year) 4 26 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 9, 1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 67		11. BIRTHPLACE (State or foreign country) Barlic Yugoslavia	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Matt Biscan		13b. MOTHER'S MAIDEN NAME Barbara Bosnic		14. NAME OF HUSBAND OR WIFE Barbara Biscan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Andrew Biscan, Mt. Olive, Ill.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Toxemia				1 month	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Polyserositis					
		DUE TO (c) Ovarian retroperitoneal malignancy					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 199			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 5:38 P.M.			
22. I hereby certify that I attended the deceased from 4-6-1949, to 4-26-1949, that I last saw the deceased alive on 4-26-1949, and that death occurred at 10:52A M., from the causes and on the date stated above.							
23a. SIGNATURE Carl H. Kel (M.D.)				23b. ADDRESS 1100 Ball Blv.		23c. DATE SIGNED 4-26-49	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 4-26-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Mt. Olive, Ill.	
DATE REC'D BY LOCAL REG. APR 27 1949		REGISTRAR'S SIGNATURE J. B. Facator		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed.....

Licensed Embalmer No. *2675*

P. O. Address *W. Jones, 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 this body is not embalmed, fact should be so stated above.