

FILED OCT 7 1949

STANDARD CERTIFICATE OF DEATH

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State File No. 32080

Registrar's No. 8316

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). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>13 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>4411 North Florissant Avenue</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4411 North Florissant Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u>			b. (Middle) <u>Ernest</u>		c. (Last) <u>Persky</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 12, 1886</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher,</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Hungary</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Tobias Persky,</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Schleicher</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Keemus Persky</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene McCutchen,</u>		ADDRESS <u>4411 N. Florissant</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 checked="" 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) <u>MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>47</u> <u>162X</u>					
22. I hereby certify that I attended the deceased from <u>Sept. 12, 1949</u> , to <u>Sept. 26, 1949</u> , that I last saw the deceased alive on <u>Sept 26, 1949</u> , and that death occurred at <u>1:20 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. Bradley</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Barnes Hospital,</u>		23c. DATE SIGNED <u>9/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>September 29, 1949,</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>SEP 27 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lucater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.A. Stock, 2117 E. Grand Blvd.</u>				

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

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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 *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St Louis, 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.