

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37266

4821

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Wisconsin b. COUNTY Milwaukee			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri		c. LENGTH OF STAY (In this place) 25 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milwaukee		47	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL				d. STREET ADDRESS (If rural, give location) 2748 North 22nd. St.			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Joseph		c. (Last) Gajdos		4. DATE OF DEATH (Month) (Day) (Year) November 13, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH July 13, 1895	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 4 Days 0		IF UNDER 24 HRS. Hours 0 Min. 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Tavern Operator		11. BIRTHPLACE (State or foreign country) Bratslave, Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE ---			
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. Yes none		17. INFORMANT'S SIGNATURE OR NAME Edna L. Weinlein, 2519 N. 61st, Milwaukee			
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) Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) operation for Extensive Carcinoma of stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cancer of stomach involving Pancreas and colon					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)			
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?			
22. I hereby certify that I attended the deceased from 10-19-1919, to 11-13-49, 19, that I last saw the deceased alive on 11-1-2-199, and that death occurred at 2:10 A.M., from the causes and on the date stated above.							
22a. SIGNATURE J. S. Cope M.D. (Degree or title)		22b. ADDRESS Kansas City, Mo			22c. DATE SIGNED 11/13/49		
22d. BURIAL, CREMATION, REMOVAL (Specify) Removal		22e. DATE Nov. 13, 1949		22f. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery		22g. LOCATION (City, town, or county) (State) Milwaukee, Wisconsin	
DATE REC'D BY LOCAL REG. 11-13-49		REGISTRAR'S SIGNATURE Geraldine Holmes		22h. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, K.C., Mo.			

(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.

Signed

Blair E. Heck

Signed.....

Student Embalmer

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.