

No. 300
10.48

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18631
State File No. 4708
Registrar's No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. 2119	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3969 Maffitt Ave. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hosp.			

3. NAME OF DECEASED (Type or Print) Bella	a. (First)	b. (Middle)	c. (Last) Stankus	4. DATE OF DEATH (Month) (Day) (Year) May 18, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 5, 1894	9. AGE (In years last birth day) 56	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholster	10b. KIND OF BUSINESS OR INDUSTRY Artistic Furn. Co.	11. BIRTHPLACE (State or foreign country) Lithuania 8	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Joghman	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William Stankus
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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. 496-12-6797	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Stankus 3969 Maffitt Ave.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Uremic Coma		
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Uremia DUE TO (c) Generalized Cremonium		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis Liver			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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? 1998

22. I hereby certify that I attended the deceased from 4-13-1951, to 5-18-1951, that I last saw the deceased alive on 5-18-1951, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Nicholas Vitale, M.D.	23b. ADDRESS 3861 St. Louis Ave.	23c. DATE SIGNED 5/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE MAY 20 1951 J. P. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Street - Carroll 4600 Nat'l Bridge
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(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

John J. Harris
Licensed Embalmer No. *4108*
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.