

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3400

FILED FEB 8 1952

318

1003

State File No. ....

Registrar's No. .... 0180

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. ....					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>									
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>8-wks.</u>			CITY (If outside corporate limits, write RURAL and give township) <u>Shrewsbury</u>			4561				
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>DePaul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>5200 Glennon Drive</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Reverend Charles</u>			b. (Middle) <u>N.</u>			c. (Last) <u>Theriac C.M.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1952</u>				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u>		8. DATE OF BIRTH <u>Jan. 26, 1898</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Catholic Priest</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Vincennes, Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Charles Theriac</u>				13b. MOTHER'S MAIDEN NAME <u>Louise Joyce</u>				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Very Rev. John F. Zimmernan C.M. 5200 Glennon</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (Stomach)</u>								<u>probably 6 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 <u>Ca of stomach c metastases to liver etc.</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>157X</u>									
22. I hereby certify that I attended the deceased from <u>Nov. 1</u> , 19 <u>51</u> , to <u>Jan. 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan. 5</u> , 19 <u>52</u> , and that death occurred at <u>11 a.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>[Signature]</u> (Name or title) <u>PLAVEN</u>				23b. ADDRESS <u>539 N. Main St. St. Louis Mo.</u>				23c. DATE SIGNED <u>1/7/52</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>JAN 8 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>3840 Lindell Blvd.</u>					

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

STATEMENT BY LICENSED EMBALMER

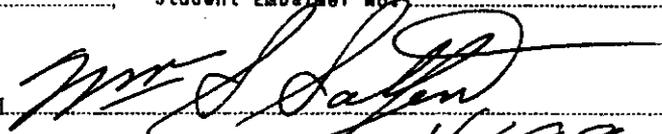
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

4699  
St. Charles, 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.