

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6876

State File No.

FILLED MAR 12 1954

318

1003

Registrar's No. 1878

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Champaign					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 days		c. CITY OR TOWN Tolono			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		STREET ADDRESS Rt # 2		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Howard c. (Last) Sroboda			4. DATE OF DEATH (Month) (Day) (Year) 2 27 1954				
5. SEX m.		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single			
8. DATE OF BIRTH 2-21-1954		9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Days 0			
11. BIRTHPLACE (City and State or foreign Country) Urbana Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or foreign Country) Urbana Illinois			
13a. FATHER'S NAME Robert Sroboda		13b. MOTHER'S MAIDEN NAME Virginia Frese		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hebrew 500 S. Kings Highway			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tracheo-esophageal fistula 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 Prematurity x 9 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		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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7562			
22. I hereby certify that I attended the deceased from 2-23 1954 to 2-27 1954, that I last saw the deceased alive on 2-27 1954 and that death occurred at 12:00 AM, from the causes and on the date stated above.							
23a. SIGNATURE Wm. G. Kleiphaug MD (Degree or title)		23b. ADDRESS Childrens Hosp. St. Louis		23c. DATE SIGNED 2/28/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3/1/54		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE			
24d. LOCATION (City, town, or county) LEMAY 23 Mo.		24e. (State)		24f. (State)			
DATE REC'D BY LOCAL REG. MAR 1 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FENDLER UND. CO. 7420 MICHIGAN			

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 Not Embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 370

P. O. Address 7420 M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.