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

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 24617

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6153

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis, Mo</i>		c. CITY OR TOWN <i>Dupo</i>	
c. LENGTH OF STAY (in this place) <i>1 month</i>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Pacific Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>300 So. 5th STREET</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Steve</i>	b. (Middle) <i>-STEPHEN-</i>	c. (Last) <i>Zebos</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>7 15 55</i>

5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED DRUNK</i>	8. DATE OF BIRTH <i>May 1, 1888</i>	9. AGE (In years last birthday) <i>67</i>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <i>Loco Engineer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac. Railway</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>AUSTRIA</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
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13a. FATHER'S NAME <i>Stephen Zebos</i>	13b. MOTHER'S MAIDEN NAME <i>Do Not Know</i>	14. NAME OF HUSBAND OR WIFE <i>Cordelia Zebos</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>702-03-3000</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Cordie Zebos</i>	ADDRESS <i>Dupo, Ill, 901</i>
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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, asthenia, 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) <i>METASTATIC ADENOCARCINOMA</i>		
	ANTECEDENT CAUSES <i>SITE UNKNOWN</i>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <i>157X</i>
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22. I hereby certify that I attended the deceased from *June 15 1955* to *July 15 1955*, that I last saw the deceased alive on *July 15 1955*, and that death occurred at *8:25 pm*, from the causes and on the date stated above.

23a. SIGNATURE <i>Ami Vander</i>	(Degree or title) <i>MD</i>	23b. ADDRESS <i>1755 So Grand</i>	23c. DATE SIGNED <i>7/16/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July 15 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>ST. PAUL'S</i>	24d. LOCATION (City, town, or county) (State) <i>Columbia Illinois</i>
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DATE REC'D BY LOCAL REG. <i>16 1955</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith - MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold ...</i>	ADDRESS <i>Rayn Altier</i>
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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No... 462

P. O. Address... Dept 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.