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EX-2 757 550

THE DIVISION OF HEALTH OF MISSOURI

31344

Reg. No. 10262 ST. 6785 STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 29 1955

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8015

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8015	
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 915 N. Grand St. Louis, Mo.		c. LENGTH OF STAY (in this place) 33 Days		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP				STREET ADDRESS (If rural, give location) 21/ 1800 LOCUST 22190			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) _____		c. (Last) PIAN		4. DATE OF DEATH (Month) (Day) (Year) 9-10-55	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 12-5-1888	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Employee		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Pian		13b. MOTHER'S MAIDEN NAME Ethel Lisha		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) Yes WWI		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP. RECORDS 915 N. Grand, St. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Liver Cirrhosis		INTERVAL BETWEEN ONSET AND DEATH Unk.	
				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 _____				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) 581.0			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 8-8 , 19 55 , to 9-10 , 19 55 , and that death occurred at 2:40p m., from the causes and on the date stated above.							
23a. SIGNATURE R. K. Iansche (Degree or title) MD, M.D.				23b. ADDRESS VAH, 915 N. Grand St. Louis, Mo.		23c. DATE SIGNED 9-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/13/55		24c. NAME OF CEMETERY OR CREMATORY B'Nai Amoona Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. SEP 13 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar Bl			

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

(Licensed Embalmer's Statement on Reverse Side)

1927 MAY 2 12
2011 JUN 14 11

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 *Arthur B. Dubouille*

Licensed Embalmer No. *36*

P. O. Address *St Louis 7*

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.