

STANDARD CERTIFICATE OF DEATH

State File No. 3429

FILED FEB 10 1956

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Carsonville		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 wk.		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 Penn Nursing Home		e. STREET ADDRESS (If rural, give location) 2012 Franklin	

3. NAME OF DECEASED (Type or Print) MIKE	a. (First)	b. (Middle) SULTMOW	c. (Last)	4. DATE OF DEATH Jan 25 1956
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Nev. Marr.	8. DATE OF BIRTH Unk.	9. AGE (In years last birthday) ab. 75	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	11. BIRTHPLACE (City and State or Foreign Country) Poland	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME nk, Sulimow	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE 6. None
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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. Unk.	17. INFORMANT'S SIGNATURE OR NAME Henry Lacks 8146 Gannon	ADDRESS
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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, asthma, 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) Adenocarcinoma left lung		unknown
	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. Atherosclerotic Heart Disease			unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 163x	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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 17, 1956 to Jan 25, 1956, that I last saw the deceased alive on Jan 24, 1956 and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE Lewis Stittmann MD	(Degree or title)	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 1/26/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Bur.	24b. DATE 1/27/56	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 1-26-56	REGISTRAR'S SIGNATURE Richard R. Doud M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson	ADDRESS
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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.....  
Signature of Student Embalmer

Signed *Quin J. Quiding*  
Licensed Embalmer No. 4829

P. O. Address .....

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.