

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1956

318

1003

State File No. 22218
Registrar's No. 5892

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, Mo.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Granite City</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS, Mo.</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Granite City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp. Assn.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>2344 ORVILLE AVE. 8128</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> | | b. (Middle) <u>John</u> | | c. (Last) <u>Zarko</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-56</u> | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>6-25-1919</u> | |
| 9. AGE (In years last birthday) <u>36</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. PAC. RR</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>MT. CARMEL, PENN.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>ZIGMUND ZARKO</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>Angeline Zarko</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES WW 2</u> | | 16. SOCIAL SECURITY NO. <u>187-12-6634</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Angeline Zarko</u> ADDRESS <u>Granite City, Missouri</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Angiosarcoma to Rt Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary in left colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u> | | | | | |
| 19a. DATE OF OPERATION <u>March 1956</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Angiosarcoma in left colon & right lung</u> | | | | 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) _____ | | 21d. (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? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>May 13, 1956</u> , to <u>June 20, 1956</u> , that I last saw the deceased alive on <u>June 20, 1956</u> , and that death occurred at <u>12:00 AM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Marvin J. Haw, Jr. M.D.</u> | | | | 23b. ADDRESS <u>St. Louis, Mo</u> | | 23c. DATE SIGNED <u>6/21/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>6-20-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u> | | 24d. LOCATION (City, town, or county) (State) <u>PINE BLUFF, ARKANSAS</u> | |
| DATE REC'D BY LOCAL REG. <u>JUN 21 1956</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>Frank Mercer Granite City, Ill</u> | | | |

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 *Charles Mercer*.....

Licensed Embalmer No. *298*.....

P. O. Address *Granite Co*.....

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.