

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43051

STATE FILE NUMBER

FILED DEC 27 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's **11369**

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp. | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 2179 4241 Flad Ave. |
| 3. NAME OF DECEASED (Type or print) ALEXANDER | | First Middle Last FUTO | 4. DATE OF DEATH Month Day Year Dec. 9 1956 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 19, 1890 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of parking life, even if retired) Clerk (Retired) Great Atlantic & Pacific Tea Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 66 |
| 11. BIRTHPLACE (City and state or country) Hungary | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Joseph Futo | | 14. MOTHER'S MAIDEN NAME Julia Balasz | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 491-18-3431A | |
| 17. INFORMANT Eva Futo | | Address 4241 Flad Ave. (Wife) | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Bile DUE TO (b) _____ DUE TO (c) 491X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 1 wh |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Bronchitis severe | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1954 to 12/9/56 and last saw her alive on 12/9/56 Death occurred at 3:30 P. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Carl Smith | | 22b. ADDRESS 3915 Water Rd | |
| | | 22c. DATE SIGNED 12/11/56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE Dec 12, 1956 | |
| 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| 24. FUNERAL DIRECTOR Kriegshauser | | 25. DATE RECD. BY LOCAL REG. DEC 11 1956 | |
| ADDRESS 4228 S. Kingshighway | | 26. REGISTRAR'S SIGNATURE Carl Smith MO | |

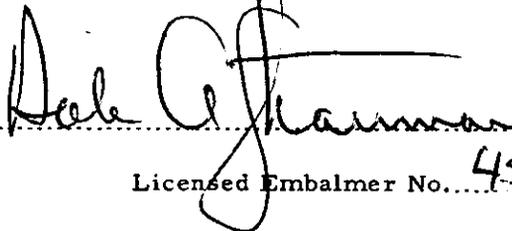
(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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. 45

P. O. Address

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.