

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2599**
Registrar's No. **273**

FILED FEB 4 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

REG. DIST. NO. **318**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 6 weeks		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 Firmin Desloge Hospital		e. STREET ADDRESS (If rural, give location) 2479 2908 Lemp Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Iova (Joseph) b. (Middle) c. (Last) Caran		4. DATE OF DEATH JAN 9, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15, 1890
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) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	
11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Adam Caran		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mary Caran		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	
16. SOCIAL SECURITY NO. 499-34-3526		17. INFORMANT'S SIGNATURE OR NAME Elvie Maier	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CARCINOMA OF THE STOMACH INTERVAL BETWEEN ONSET AND DEATH 13 YRS.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE STOMACH II. OTHER SIGNIFICANT CONDITIONS 151X	
19a. DATE OF OPERATION 12-21-56		19b. MAJOR FINDINGS OF OPERATION RECURRENT CARCINOMA	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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 12/19, 1956 , to 1/9, 1957 , that I last saw the deceased alive on 1/9, 1957 , and that death occurred at 8:10 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Alan Benk MD		23b. ADDRESS 1325 S. Grand	
23c. DATE SIGNED 1/10/57		24. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 1-12-57		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. I & U, Co.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 10 1957		ADDRESS 2929 S. Jefferson Ave.	

WRITE PLAINLY—USING UNFAADING 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..... *Harold C. Witt*

Licensed Embalmer No. *4353*

P. O. Address *2929 S. Jffe*

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.