

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003491

STATE FILE NUMBER

318

1003

Registrar's No. 109

FILED JAN 28 1959

Registration District No.

Primary Registration District No.

Registrar's No.

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, 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 5054 Davison Ave		Length of stay in lb 5yrs	d. STREET ADDRESS (If outside, give location) 2077 0 5054 Davison Ave
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Sediva		4. DATE OF DEATH Month Day Year Jan 5 1959	
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 Feb 8 1886
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	11. BIRTHPLACE (City and state or country) Jugoslavia 6
12. CITIZEN OF WHAT COUNTRY? U S		13. FATHER'S NAME Frank Sediva	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Suzanna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Suzanna Sediva 5054 Davison Ave
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Lung</i> DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163x			INTERVAL BETWEEN ONSET AND DEATH
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.) ITEM 22c CORRECTED	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY AFFIDAVIT OF <i>Coroner</i> 2-2-59	
20d. INJURY OCCURRED WHILE AT <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 _____ to _____ and last saw her alive on _____ Death occurred at <i>1115A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Patrick E Taylor Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>1-6-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		23b. DATE <i>1/8/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Missouri Crematory</i>
23d. LOCATION (City, town, or county) <i>St Louis Missouri</i>		23e. (State)	
24. FUNERAL DIRECTOR <i>Moydell Funeral Home 1926 Aklen</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 6 '59</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i> 7003

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Alth,elfare,ublic,vice

00,57

All diseases in Part I must be causally related.

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 *Reinhold K. Lehman*

Licensed Embalmer No. *3395*

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.