

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007124

STATE FILE NUMBER

2 1185

FEB 17 1959 Registration District No. Primary Registration District No. Registrar

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-57

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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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp		Length of stay in lb 3 mnths	d. STREET ADDRESS (If outside, give location) 3422 Miami Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Eva Middle Last Gal			4. DATE OF DEATH Month Feb Day 1 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 2 1896	9. AGE (In years of birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jugoslavia	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Carl Fux	13b. MOTHER'S MAIDEN NAME Eva ?	14. NAME OF HUSBAND OR WIFE George (Deceased)
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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.	17. INFORMANT Address Josef Gal 1234 Visitation Mehville
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized carcinomatosis Carcinoma sigmoid Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 153.3 DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 10/15/58. 10/15/58.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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, -ctory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10/15/58 to 2/1/59 and last saw her alive on 2/31/59 Death occurred at 9:2 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert H. Cason, M.D. (Degree or title)	22b. ADDRESS 4401 Hampton Ave. St Louis, Mo.	22c. DATE SIGNED 2/2/59.
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/4/59	23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem	23d. LOCATION (City, town, or county) (State) St Louis Missouri
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24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen	25. DATE RECD. BY LOCAL REG. FEB 3 '59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed George J. Swoboda Jr.
Licensed Embalmer No. 4899.....
P. O. Address 1926 Albee

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.