

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-034800

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9076 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3226 Dakota St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY _____
 c. CITY OR TOWN St. Louis, Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3226 Dakota St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Joseph P. Pikul
4. DATE OF DEATH Month Day Year Sept. 30, 1961.

5. SEX Male **6. COLOR OR RACE** White **7. Married** **Never Married**
8. DATE OF BIRTH 2/15/1906 **9. AGE (last birthday)** 55 **IF UNDER 1 YEAR** Months Days **IF UNDER 24 HR** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ink Technician **10b. KIND OF BUSINESS OR INDUSTRY** Lewis-Roberts Inc. **11. BIRTHPLACE** (City and state or country) St. Louis, Missouri. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME Frank A. Pikul **13b. MOTHER'S MAIDEN NAME** Rose Kwiatkowski **14. NAME OF HUSBAND OR WIFE** Marie F. Pikul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. **17. INFORMANT** Mrs. Marie F. Pikul Address 3226 Dakota St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Adenocarcinoma of lungs INTERVAL BETWEEN ONSET AND DEATH ?
Brain metastasis ?
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~XXXXXXXX~~ 163x
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK **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 Aug. 4, 1961 to Sept. 30, 1961 and last saw her/him alive on Sept. 30/61
 Death occurred at 11:30 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] **22b. ADDRESS** 4145 a S. Grand Blvd. **22c. DATE SIGNED** 10.2.61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** Oct. 4, 1961 **23c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery **23d. LOCATION** (City, town, or county) (State) St. Louis, Missouri,

24. FUNERAL DIRECTOR Gebken-Benz Mortuary **ADDRESS** 2842 Meramec St. St. Louis, 18. Mo. **25. DATE RECD. BY LOCAL REG.** OCT 2 1961 **26. REGISTRAR'S SIGNATURE** [Signature]

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ BY AFFIDAVIT OF

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 Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18, Mo.

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.