

MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

18357

4016

BIRTH NO.		REG. DIST. NO.	318	PRIMARY REG. DIST. NO.	1003	Registrar's No.	4016	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: institution before admission) a. STATE Illinois b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Benld		8/2nd		
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Nacik			4. DATE OF DEATH (Month) (Day) (Year) 4-19-52					
5. SEX male $\emptyset$	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb-15, 1879		9. AGE (In years last birthday) 75	10. MONTHS	11. DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Industry		11. BIRTHPLACE (City and State or Foreign Country) Austria		12. CITIZEN OF WHAT COUNTRY? unk.		
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown				
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. 343-05-2123		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Andrew Billy, Benld. Ill.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis As shown  Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 4 days  many years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR DDIX				
22. I hereby certify that I attended the deceased from 10-30, 1950, to 4-19, 1952, that I last saw the deceased alive on 4-18, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.								
23a. SIGNATURE M. Norman Orgel M.D.				23b. ADDRESS 508 W. Main Grand		23c. DATE SIGNED 4/21/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4-20-52		24c. NAME OF CEMETERY OR CREMATORY Union, Gillespie, Illinois		24d. LOCATION (City, town, or county) (State) Benld, Illinois		
DATE REC'D BY LOCAL REG. APR 29 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Union, Gillespie, Illinois				

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

000.00  
10-25-61

LOCAL RESIDENCE OF DECEASED		PLACE OF DEATH	
CITY		COUNTY	
STATE		CITY	
ADDRESS		CITY	
DATE OF DEATH		TIME OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH	
AGE AT DEATH		SEX	
RACE		RELIGION	
EDUCATION		OCCUPATION	
MARRIAGE		MILITARY SERVICE	
PREVIOUS ILLNESS		PREVIOUS SURGERY	
PREVIOUS TRAUMA		PREVIOUS ACCIDENT	
PREVIOUS DRUGS		PREVIOUS ALCOHOL	
PREVIOUS TOBACCO		PREVIOUS OTHER	

REPRODUCED BY PERMISSION OF THE MISSOURI DEPARTMENT OF HEALTH

**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 \_\_\_\_\_

working under my personal supervision.	Student Embalmer No. _____
Student _____	Signed: <i>[Signature]</i>
Student Embalmer _____	Licensed Embalmer No. <u>1366</u>
	P. O. Address <u>[Address]</u>

**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 this body is not embalmed, fact should be so stated above.

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