

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7516

FILED APR 11 1949

3600

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 3600					
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Buchanan							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo. / 13 Years				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.							
d. FULL NAME OF HOSPITAL OR INSTITUTION 3007 1/2 Penn Street				d. STREET ADDRESS (If rural, give location) 3007 1/2 Penn Street							
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Michael		c. (Last) Zuchowski					
4. DATE OF DEATH		(Month) March		(Day) 29		(Year) 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH July 8, 1886					
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Furniture Finisher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Martin Zuchowski		13b. MOTHER'S MAIDEN NAME Frances Bombik		14. NAME OF HUSBAND OR WIFE Catherine							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Catherine Zuchowski							
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) <i>Long term disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>201X</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Enlargement of spleen</i> INTERVAL BETWEEN ONSET AND DEATH <i>11/18/47</i>				19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
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)		21f. HOW DID INJURY OCCUR?					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from 1945, to Mar 29, 1949, that I last saw the deceased alive on March 28, 1949 and that death occurred at 10:50 PM, from the causes and on the date stated above.							
23a. SIGNATURE Frank H. Nardigan MD		23b. ADDRESS St. Joseph, Mo. 620 Thores Dr.		23c. DATE SIGNED 3/30/49							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/31/1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri					
DATE REC'D BY LOCAL REG April 4, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Siderfaden		ADDRESS 1802 Lincoln St					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.

Signed _____

Elmer Thomas

Signed _____
Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address: *St. Joseph 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 this body is not embalmed, fact should be so stated above.