

FILED AUG 13 1949

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

318

1003

6819

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>(1)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>4321 Blair Avenue</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>4321 Blair Avenue</b>					
3. NAME OF DECEASED (Type or Print) <b>GERTRUDE</b>		a. (First)		b. (Middle) <b>PIECHOCINSKI</b>		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <b>August 4, 1949</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			
8. DATE OF BIRTH <b>September 16, 1886</b>		9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <b>Germany, Y</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Joseph Lipski</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Rosenthau</b>			
14. NAME OF HUSBAND OR WIFE <b>deceased Stephen Piechocinski</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Margaret Zerillo, 4321 Blair Ave.</b> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> <b>DK</b> DUE TO (c) <b>Diabetes Mellitus</b> <b>DK</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 Days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>61</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <b>July 16, 1949</b> , to <b>August 4, 1949</b> , that I last saw the deceased alive on <b>August 4, 1949</b> , and that death occurred at <b>10:50 P.M.</b> , from the causes and on the date stated above.				23a. SIGNATURE <b>P. D. Neugebauer, M.D.</b> (Degree or title)				23b. ADDRESS <b>462 North Taylor,</b>	
23c. DATE SIGNED <b>8-5-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Calvary</b>		24b. DATE <b>August 8, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery,</b>			
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Casater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. A. Stock</b>		ADDRESS <b>Mortuary, 2117 E. Grand</b>			
DATE REC'D BY LOCAL <b>AUG 5 1949</b>		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____			

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~~ Me

..... Student Embalmer No. ....

working under my personal supervision.

Signed Etienne P. Benelino

Signed .....  
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.