U.S. No. 300
Rev. 10.48

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28910

96
0
0

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1936

1. PLACE OF DEATH
a. COUNTY St Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lucas Hund. Village
c. LENGTH OF STAY (in this place) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5332 Gladstone Place

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY 96
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis County 0
d. STREET ADDRESS (If rural, give location) 5332 Gladstone Place

3. NAME OF DECEASED (Type or Print)
a. (First) Teofila
b. (Middle)
c. (Last) Paluczak

4. DATE OF DEATH (Month) 8 (Day) 10 (Year) 49

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 27 1862
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months 3 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Poland 4
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Michale Skoczynski
13b. MOTHER'S MAIDEN NAME Catherine Skoczynski
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)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Regina Nymeyer — ADDRESS 5332 Gladst

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Left L. Lobe — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cecum — 5-6 mos.
DUE TO (c) — 153X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac Failure — ?

19a. 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1949, *to* Aug. 10, 1949, *that I last saw the deceased alive on* 8-9-, 1949, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Albert Kaplan (Degree or title) MD
23b. ADDRESS 607 N. Grand
23c. DATE SIGNED 8-11-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 8/13/49
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St Louis (State) Mo

DATE REC'D BY LOCAL REG. 8-11-49
REGISTRAR'S SIGNATURE Herbert R. Domkeldon
25. FUNERAL DIRECTOR'S SIGNATURE Central Und. Co — ADDRESS 1841 Cass ave

(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~~ me

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Guy W. Wilkinson.

Licensed Embalmer No. 3575.

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.