

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2521

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 707

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>227.9</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) <u>1917 Montgomery</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1917 Montgomery</u> | | | |

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|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) <u>SOPHIE Elizabeth Gracyk</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 20-50</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>4-21-1874</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>POLAND 4</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Jack Dallas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Zelazna</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 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. <u>NO</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bronce Gracyk</u> | |

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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> | | |
| | DUE TO (c) <u>Chronic Cholecystitis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|---|--|---|
| 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) <u>585X</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from June, 1947, to Jan 20, 1950, that I last saw the deceased alive on Jan 11, 1950, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>S. J. Leopold M.D.</u> | 23b. ADDRESS <u>1901 Madison St.</u> | 23c. DATE SIGNED <u>1/23/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>Jan - Feb 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u> |

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|---|--|---|--------------------------------------|
| DATE REC'D BY LOCAL REG. <u>JAN 23 1950</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>St Louis Funeral Home</u> |
|---|--|---|--------------------------------------|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X

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 _____
Student Embalmer

Signed Elmo R. Padwell

Licensed Embalmer No. 4027

P. O. Address _____

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.