

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6957

586

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY - HOSPT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OHIO b. COUNTY OHIO			
b. CITY (If outside corporate limits, write RURAL and give town) CLAYTON		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) CLEVELAND		1340	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL				d. STREET ADDRESS (If rural, give location) 1295 EDANOLA			
3. NAME OF DECEASED (Type or Print) a. (First) ANASTASIA		b. (Middle)		c. (Last) KAUCEYNSKI		4. DATE OF DEATH (Month) (Day) (Year) 3-6-50	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 6-28-1904	
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (State or foreign country) SCRANTON - PA	
12. CITIZEN OF WHAT COUNTRY? POLAND		13a. FATHER'S NAME ANDREW KAUCYNSKI		13b. MOTHER'S MAIDEN NAME ELIZABETH JEANSKI		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME CHESTER KAUCYNSKI, ST. LOUIS			
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) Acute Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforation, Rectum DUE TO (c) Carcinoma, Rectum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 36 hrs. ? 154A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		154X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 3-5, 1950 , to 3-6, 1950 , that I last saw the deceased alive on 3-6, 1950 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. J. Schwegel, M.D. (Degree or title)				23b. ADDRESS 601 BRENTWOOD, CLAYTON		23c. DATE SIGNED 3-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-7-50		24c. NAME OF CEMETERY OR CREMATORY LAKEWOOD		24d. LOCATION (City, town, or county) (State) CLEVELAND, OHIO	
DATE REC'D BY LOCAL REG. MAR 6 1950		REGISTRAR'S SIGNATURE Hubert R. Blouck, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Prohman		ADDRESS	

(Licensed Embalmer) (Print name 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.

Student _____
Student Embalmer

Signed Wm. Stgemore

Licensed Embalmer No. 4343

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.