

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7927

0164
2

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chicago Heights, Ill</u>	
c. LENGTH OF STAY (in this place) <u>UNKNOWN</u>		d. STREET ADDRESS (If rural, give location) <u>1414 Wallace St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape City Spil</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanley</u> b. (Middle) _____ c. (Last) <u>STRACZEK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 27, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 19, 1915</u>
9. AGE (In years last birthday) <u>34</u>	10. MONTHS <u>11</u>	11. DAYS <u>8</u>	12. IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unemployed</u>	11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph Straczek</u>	13b. MOTHER'S MAIDEN NAME <u>Victoria Kowalski</u>	14. NAME OF HUSBAND OR WIFE <u>Beulah</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give year or date of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>William Straczek 1426 Centar Chicago Heights, Ill</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Came to his death by his own hand by tying a piece of gauze around his neck causing</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>strangulation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>E974X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>strangulation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City Jail</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CAPE GIRARDEAU, Cape Gir. MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 27 50 8:30 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Suicide by strangulation</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. P. ... 3</u>	23b. ADDRESS <u>4 S. Pacific St. Cape Gir.</u>	23c. DATE SIGNED <u>Mar 28 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Homewood Illinois</u>
DATE REC'D BY LOCAL REG. <u>4-2-1950</u>	REGISTRAR'S SIGNATURE <u>L. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Edwin ...</u>

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 14 1950
SEP 1 1950
MAY 25 1950
JAN 5 1951

RECEIVED

APR 11 1950

EMERALD HEALTH OFFICE No. 4

File No. 450-524

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 Lowell Green Jr.

Licensed Embalmer No. 4936

P. O. Address Cape Girardeau, 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.