

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1070

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS COUNTY,**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **RICHMOND HGTS.**
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **St Mary Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo**
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis**
d. STREET ADDRESS (If rural, give location) **1457 Monroe st**

3. NAME OF DECEASED
a. (First) **Theresa** b. (Middle) **Agnes** c. (Last) **Lisiecki**
4. DATE OF DEATH (Month) (Day) (Year) **4 24 50**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify) **Single (1)** 8. DATE OF BIRTH **Oct 20 - 1908** 9. AGE (In years last birthday) **41** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Office work** 11. BIRTHPLACE (State or foreign country) **Kenona Ills** 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Mike Lisiecki** 13b. MOTHER'S MAIDEN NAME **Victoria Gosciniaki** 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. 17. INFORMANT'S SIGNATURE OR NAME **Walter Truchawski** ADDRESS **1457 Monroe**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Toxic Thyroid**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Laryngeal Spasm post-operative (cause of death)**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **10 yrs**
5 minutes

19a. DATE OF OPERATION **4/22/50** 19b. MAJOR FINDINGS OF OPERATION **Marked Hyperplastic + Toxic Thyroid** 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) 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 **June**, 19**47**, to **4/23/50**, 19**50**, that I last saw the deceased alive on **4/22/50**, 19**50**, and that death occurred at **12:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **D. J. Ciaccia M.D. D.** 23b. ADDRESS **1901 Madison St.** 23c. DATE SIGNED **4/25/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **4/27/50** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis Mo**

DATE REC'D BY LOCAL REG. **4-25-50** REGISTRAR'S SIGNATURE **Herbert R. Wombe Inc** 25. FUNERAL DIRECTOR'S SIGNATURE **Central Funeral Home** ADDRESS **1841 Cass**

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

Aug 15 1957

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

working under my personal supervision.

Student Embalmer No.....

Signed Eaton H. Remelms

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.