

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18004

4651

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN City Infirmiry		c. LENGTH OF STAY (In this place) 3 mo 8 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2229			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital				d. STREET ADDRESS (If rural, give location) 1027 Rutger St.				0	
3. NAME OF DECEASED (Type or Print)		a. (First) Andrew		b. (Middle) _____		c. (Last) Bowolak		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 11, 1877		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Galicia		12. CITIZEN OF WHAT COUNTRY? 8		
13a. FATHER'S NAME Faustine Bowolak			13b. MOTHER'S MAIDEN NAME Catherine Shevchik			14. NAME OF HUSBAND OR WIFE Bessie Bowolak			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John Bowolak				ADDRESS 1027 Rutger St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Esophagus INTERVAL BETWEEN ONSET AND DEATH 1 year ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY refused YES <input type="checkbox"/> NO <input checked="" 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) _____					
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 150X					
22. I hereby certify that I attended the deceased from Feb 16, 1950 , to May 24, 1950 , that I last saw the deceased alive on May 24, 1950 , and that death occurred at 6:15 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Cletus Krag, MD				23b. ADDRESS 5600 Arsenal St. St. Louis			23c. DATE SIGNED May 25 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/27/50	24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. MAY 26 1950		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK UND. CO. INC. 1722 S. Jefferson				

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 _____

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Alex A. Chubik Jr.

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jefferson

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.