

FILED MAY 23 1950

STANDARD CERTIFICATE OF DEATH

18347
 State File No. 4218

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>2, 289</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>City Hospital</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>Unknown</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> b. (Middle) _____ c. (Last) <i>Stimowski</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5 / 9 / 50</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 19 - 1880</i>
9. AGE (In years last birthday) <i>70</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>man</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>man</i>	11. BIRTHPLACE (State or foreign country) <i>Poland</i>
12. CITIZEN OF WHAT COUNTRY? <i>4</i>		13. FATHER'S NAME <i>Unknown</i>	

13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
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 <i>Joseph Stimowski</i>	
ADDRESS <i>4547 Lexington</i>	

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)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <i>Anthraxosis Cardiac</i> DUE TO (c) <i>Hypertrophy Coronary</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Atherosclerosis</i>			

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) <i>5231</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____; and that death occurred at *4:25 Am.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Gabriel L. Taylor Cor.</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>5-10-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>5/12/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
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DATE REC'D BY LOCAL REG. <i>MAY 10 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Central Und. Co</i>	ADDRESS <i>1841 Cass</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Student Embalmer

Signed William A. [Signature]

Licensed Embalmer No. 4699

P. O. Address St Charles 71

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.