S. No. 300
Rev. 10-48

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21957

BIRTH NO. — REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5111

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jurauk to Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 0 2259
d. STREET ADDRESS (If rural, give location): 25 1433 N. 14th ste

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Roslawski

4. DATE OF DEATH (Month) 6 (Day) 8 (Year) 50

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1 Sept 10 1889
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Bancio Mfg. Co.
11. BIRTHPLACE (State or foreign country): Poland 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Stanislaus Roslawski
13b. MOTHER'S MAIDEN NAME: Anna Kruszen
14. NAME OF ~~HUSBAND~~ OR WIFE: Martha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Martha Roslawska
ADDRESS: 1433 N 14th

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) Cachexia anemia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastatic carcinoma
DUE TO (c) carcinoma of the 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: 8 months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): 154X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 2-14-50, 19__, *to* 6-7-50, 19__, *that I last saw the deceased alive on* 6-8-50, 19__, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. Bass, M.D. (Degree or title)
23b. ADDRESS: Firmin Desloge Hospital, 1325 South Grand Blvd, Mo
23c. DATE SIGNED: 6-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/12/50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: JUN 10 1950
REGISTRAR'S SIGNATURE: J B Lanater
25. FUNERAL DIRECTOR'S SIGNATURE: Central Funeral Home
ADDRESS: 1841 Cass Ave

(Licensed Embalmer's Statement on Reverse Side)

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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 ~~one, or by~~ ME

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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.