

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25579**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4464** Registrar's No. **1727**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Overland		c. CITY (If outside corporate limits, write RURAL and give township) Overland	
c. LENGTH OF STAY (in this place) 27 yrs		d. STREET ADDRESS (If rural, give location) 3529-Calvert Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3529-Calvert Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Lawrence c. (Last) Gorski			4. DATE OF DEATH (Month) (Day) (Year) July 14 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 17, 1886		9. AGE (In years last birthday) 63		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Universal Match Co		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jacob Gorski		13b. MOTHER'S MAIDEN NAME Ella Briganfield		14. NAME OF HUSBAND OR WIFE KATHRYN GORSKI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATHRYN P. GORSKI 3529 CALVERT	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Bottle Pergolatin 1		2 yrs	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) Ok. nephrosis			
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION WASP		20. AUTOPSY? 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)		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 **1948**, 19___, to **July 14 1950**, that I last saw the deceased alive on ___ 19___, and that death occurred at **5:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 1875 Madison		23c. DATE SIGNED 7/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-17-1950		24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES PARK	
24d. LOCATION (City, town, or county) (State) WELLSTON, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 2504-WOODSON RD. OVERLAND, MO.			
DATE REC'D BY LOCAL REG. 7-16-50		REGISTRAR'S SIGNATURE [Signature]			

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

4001

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 Escar J. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 St

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.