

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39120

State File No. \_\_\_\_\_

1003

Registrar's No. 10013

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10013					
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 ST. LOUIS MO.			c. LENGTH OF STAY (In this place) 30 YRS			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			2269				
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSP. #1.				d. STREET ADDRESS (If rural, give location) 2321 BLAIR AVE									
3. NAME OF DECEASED (Type or Print) a. (First) STANLEY			b. (Middle) _____			c. (Last) TRZASKA SR.			4. DATE OF DEATH (Month) (Day) (Year) NOV. 24 1950				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED		8. DATE OF BIRTH SEPT 8 - 1888		9. AGE (In years last birthday) 62		# UNDER 1 YEAR Months Days		# UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY GEN. LABOR				11. BIRTHPLACE (State or foreign country) POLAND		12. CITIZEN OF WHAT COUNTRY POLAND			
13a. FATHER'S NAME UNKNOWN.				13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE CONSTANCE TRZASKA					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO NONE				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leo Trzaska 3126 N. 15th							
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause, place, cause and manner of same could not be determined DUE TO (c) be determined								INTERVAL BETWEEN ONSET AND DEATH (Set)			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) Suicide HOMICIDE		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? Fall									
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 8:00 P. m., from the causes and on the date stated above. 617													
23a. SIGNATURE [Signature] (Degree or title)						23b. ADDRESS 1300 Clark			23c. DATE SIGNED 11/25/50				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 27TH		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county), (State) ST. LOUIS MO.							
DATE REC'D BY LOCAL REG. NOV 25 1950		REGISTRAR'S SIGNATURE J. B. Pasater				25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co		ADDRESS 1827 HOGAN ST					

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed Wm S. Dalton

Signed.....  
Student Embalmer

Licensed Embalmer No. 4499

P. O. Address St Charles, 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.