

REC'D DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **10604**

43060

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Missouri b. COUNTY 2089	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8112a Church Rd		d. STREET ADDRESS (If rural, give location) 8 8112a Church Rd.m	
3. NAME OF DECEASED (Type or Print) Pete		4. DATE OF DEATH (Month) (Day) (Year) Dec 10th 1950	
a. (First) Pete		b. (Middle) Zdazinsky	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 25th 1877	
9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) molder		10b. KIND OF BUSINESS OR INDUSTRY foundry	
11. BIRTHPLACE (State or foreign country) Lithuania		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Ben Zdazinsky		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Agnes Zdazinsky			
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 # 88-09-7027	
17. INFORMANT'S SIGNATURE OR NAME Agnes Zdazinsky		ADDRESS 8112a Church Rd	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H201			
22. I hereby certify that I attended the deceased from 9/5/50 to 12/10/50 , that I last saw the deceased alive on 12/9/50 , 1950, and that death occurred at 10:4 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) D. S. Michael M.D.		23b. ADDRESS 812 Olive St. Louis	
23c. DATE SIGNED 12/12/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12/13/50	
24c. NAME OF CEMETERY OR CREMATORY St. Clair Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Clair Co., Ill	
DATE REC'D BY LOCAL REG. DEC 12 1950		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Diedrich F. Home 8319 Hallsferry	

WRITE PLAINLY—USING UNFAADING 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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. 4108

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.