

S. No. 300
V. 10-48

FILED FEB 26 1951
Reg.# 87985

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3354

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BRKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>110 days</u>		d. STREET ADDRESS (If rural, give location) <u>18 1/2 Chouteau, St. Louis, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VAH, JEFF. BRKS, MO.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>STANLEY</u> b. (Middle) <u>A.</u> c. (Last) <u>BUKOWSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 15 51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-30-17</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR: Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman-Roberts Gas Appliance Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>PITTSBURG, PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>CHARLES BUKOWSKI</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE LIS</u>	14. NAME OF HUSBAND OR WIFE <u>MARY Bukowski</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWII</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VAHOSPITAL RECORDS, JEFF. BRKS, MO.</u>	ADDRESS _____
---	--	--	---------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION EDEMA OF LARYNX, FACE AND NECK</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>LYMPHO-SARCOMA OF NOSE</u> Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
11. 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 _____	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) <u>2001</u>
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? _____

22. I hereby certify that I attended the deceased from 8-29, 1950, to 1-15, 1951, and that I saw the deceased ~~before death~~ that death occurred at 10:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.C. Stowell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VA HOSPITAL, JEFF. BRKS, MO.</u>	23c. DATE SIGNED <u>1-15-51</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>1/17/51</u>	REGISTRAR'S SIGNATURE <u>Robert R. Tomke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u> ADDRESS <u>4228 S. Kingshighway, St. Louis,</u>
---	---	--

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin A. M. Hermsath*

Licensed Embalmer No. *3024*

P.O. Address

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.