

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3400
Registrar's No. 73

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KOCH</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>866 days</u>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2530 WARREN ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) _____ c. (Last) <u>OLSZEWSKI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 9 1951</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>5/6/88</u>		9. AGE (in years last birthday) <u>62</u>		10. MONTHS <u>6</u> YEARS <u>2</u> HOURS <u>1</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOUNDRY WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>POLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>TEDDY OLSZEWSKI</u>		13b. MOTHER'S MAIDEN NAME <u>ANN SWEET</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE FERRIS OLSZEWSKI</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PETER OLESKI - 2530 WARREN.</u>	
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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, asphyxia, etc! It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pulmonary tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>? 32 MOS.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from July 1, 1950, to Jan. 8, 1951, that I last saw the deceased alive on Jan. 8, 1951, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ellis J. Lipant, M.D.</u>		23b. ADDRESS <u>Robt. Koch Hoop, Koch, Mo.</u>		23c. DATE SIGNED <u>1/9/51</u>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO.</u>	

DATE REC'D BY LOCAL REG. <u>1/11/51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Tombe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Godhart & Goodhart 2228 St. Louis Av.</u>	
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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.....
Student Embalmer

Signed G. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address J. P. ...

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.