

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10516
2752

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
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 OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				d. STREET ADDRESS (If rural, give location) 23 2615 S 11th Street 6			
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle)		c. (Last) Poludniak		4. DATE OF DEATH (Month) (Day) (Year) Mar 22 1951	
5. SEX Male 6		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7		8. DATE OF BIRTH June 24 1881	
9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY American Car		11. BIRTHPLACE (State or foreign country) 4 Poland	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Michael Poludniak		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE. Anna	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Rybak 2615a S 11th Street			
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) Coronary Arteriosclerosis Heart Disease - with Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Pulmonary Emphysema CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH 2 years not known					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H&P			
22. I hereby certify that I attended the deceased from Feb 27, 1951, to March 20, 1951, that I last saw the deceased alive on Mar - 20, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Thos. A. Wayland (Degree or title)				23b. ADDRESS 320 1/2 So. Grand St. St. Louis Mo		23c. DATE SIGNED 3-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/26/51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 24 1951 J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Wm C Moydell		ADDRESS 1926 Allen			

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

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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

Lee A. Stroman

Signed.....
Student Embalmer

Licensed Embalmer No. 4533

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.