

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28160**  
**7393**

FILED SEP 1 1951

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1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <i>St Louis</i> )		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1821 Montgomery</i>				d. STREET ADDRESS (If rural, give location) <i>1821 Montgomery</i>			
3. NAME OF DECEASED a. (First) <i>Thomas</i> (Type or Print)		b. (Middle) <i>Czajkowski</i>		c. (Last) <i>Czajkowski</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>8 18 51</i>	
5. SEX <i>M.</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never</i>		9. AGE (In years last birthday) <i>40</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Process Painter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis MO</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Thomas</i>		13b. MOTHER'S MAIDEN NAME <i>Helen Kairo</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Charles Czajkowski</i>			
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) <i>Neurorrhage into Peritoneal Cavity; caused by ulcer in posterior wall of pylorus</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
		II. 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)			
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? <i>5400</i>			
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 <i>220 P. M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Deputy</i> (Degree or title)				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8/20/51</i>	
24a. RURAL CREMATION REMOVAL (Specify)		24b. DATE <i>8-21-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>	
DATE REC'D BY LOCAL REG. <i>AUG 20 1951</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		F. FUNERAL DIRECTOR'S SIGNATURE <i>St. Louis Funeral Home</i>		ADDRESS <i>2105 St Louis Ave</i>	

W.S.S. (Licensed Embalmer's Statement on Reverse Side)

2105 St Louis Ave

2105 St Louis Ave

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No. ....

Licensed Embalmer No. 7194

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.