

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32132

State File No.

#1
FILED SEP 28 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3174

1. PLACE OF DEATH a. COUNTY <i>St. Louis County</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY OR TOWN <i>St Ann Village</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis County St. Ann's Village</i>	
c. LENGTH OF STAY (in this place) <i>1 WK</i>		d. STREET ADDRESS (If rural, give location) <i>10363 St Joan Lane</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>10363 St Joan Lane</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Walter</i> b. (Middle) <i>Valentin</i> c. (Last) <i>Kowalezyk</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>9-16-51</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>2</i>	8. DATE OF BIRTH <i>6/26-1893</i>	9. AGE (In years last birthday) <i>58</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Poland. 4</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S</i>

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Walter Kowalezyk Jr</i> ADDRESS <i>10363 St Joan Lane</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(primary site)</i> DUE TO (c) <i>unknown</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>1998</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Herbert R. Dornke</i> (Degree or title) <i>Local Registrar, Vital Statistics</i>	23b. ADDRESS <i>651 S. Brentwood, Clayton, Mo.</i>	23c. DATE SIGNED <i>9-18-51</i>
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24a. BURIAL, CREMATION, REBURIAL (Specify) <i>Burial</i>	24b. DATE <i>9/20/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
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DATE REC'D BY LOCAL REG. <i>9-18-51</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Dornke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Malcolm Turner</i> ADDRESS <i>1841 Cass. a</i>
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.

Signed

J. W. B. Embrey

Licensed Embalmer No. *3653*

Signed.....
Student Embalmer

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.