S. No. 300
r. 10-48

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36889

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 142

36 2
0

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Clair 0360
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Miecislaw
b. (Middle): A
c. (Last): Szamotulski

4. DATE OF DEATH (Month) (Day) (Year): 11-3-51

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 5-17-1878
9. AGE (In years last birthday): 73 — If under 1 year: Months 5, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Priesthood
10b. KIND OF BUSINESS OR INDUSTRY: Clergy
11. BIRTHPLACE (State or foreign country): Poland 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Stanley Szamotulski
13b. MOTHER'S MAIDEN NAME: Josephine Meishner
14. NAME OF HUSBAND OR WIFE: _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Frank Krop — ADDRESS: Chicago Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION (RESP. FAILURE)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ATYPICAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASTHMATIC BRONCHITIS
DUE TO (c): SECONDARY INFECTION

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: POSSIBLE CA OF LARYNX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 241 x H
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-26, 1951, *to* 11-2, 1951 *that I last saw the deceased alive on* 11-2, 1951, *and that death occurred at* 11 05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. Grant M.D.
23b. ADDRESS: St. Clair, Mo
23c. DATE SIGNED: 11-3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial II
24b. DATE: 11-6-51
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: Nov. 3, 1951
REGISTRAR'S SIGNATURE: F. G. Heilmann by L. G. Heilmann
25. FUNERAL DIRECTOR'S SIGNATURE: Central Funeral Home
ADDRESS: 5541 Riverview Blvd. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 13 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____
DEC 18 1951

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 Guy W. Wilkinson
Licensed Embalmer No. 3575
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.