

FILED NOV 24 1951

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 39585

Registrar's No. 9693

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9693	
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		2089	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Carondelet City Hospital #1				STREET ADDRESS (If rural, give location) 8970 Newby St.,			
3. NAME OF DECEASED (Type or Print) a. (First) Leo Paul b. (Middle) Podorski Sr. c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Oct 31st, 1951				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 14th, 1909	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) switchman		10b. KIND OF BUSINESS OR INDUSTRY Wab RR		11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Frank Podorski			13b. MOTHER'S MAIDEN NAME Anna Wisniewski			14. NAME OF HUSBAND OR WIFE Avanell Podorski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Avanell Podorski, 8970 Newby St.,			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External hemorrhage following traumatic supratentorial right arm fracture of the shoulder, suffered while descending a train over the railroad car detached to Keweenaw Engine at East Humboldt Str. operated by Harold Gaines Engineer, Chester Engine about 1005 p.m. Oct 31 1951 accident.				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition leading to death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION As above					
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct 31 5:10⁰⁵ p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Exhaustion			
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 1005 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patricia E. Payson Coxner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/5/51		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 9 1951		REGISTRAR'S SIGNATURE Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home		ADDRESS 8319 Hallsferry	

(Licensed Embalmer's Statement on Reverse Side)

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

3

No. 300
10-48

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 _____

E. J. ...

Licensed Embalmer No. _____

3103

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.