

FILED NOV 24-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39758

S. No. 300
v. 10.48

State File No. _____
Registrar's No. 9747

318

100s

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <u>9747</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2-199		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Luthern Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4204a Maryland Ave.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u>			b. (Middle) <u>---</u>			c. (Last) <u>SOSENKO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November, 2, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>4/16/95</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Poland</u>			12. CITIZEN OF WHAT COUNTRY? <u>4</u>		
13a. FATHER'S NAME <u>Wm. Hatalovich</u>			13b. MOTHER'S MAIDEN NAME <u>Anna ?</u>			14. NAME OF HUSBAND OR WIFE <u>Andrew Sosenko</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Sosenko 1762 Missouri Ave.</u>						
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebral Hemorrhage</u>								INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>								<u>3 yrs</u>	
		DUE TO (c) <u>Hypertension</u>								<u>3 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>								<u>5 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____									20. AUTOPSY? YES <input 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? <u>22/X</u>						
22. I hereby certify that I attended the deceased from <u>1945</u> to <u>11/2/51</u> , 19____, that I last saw the deceased alive on <u>11/2/51</u> , 19____, and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Walter W. Hoffman, M.D.</u>					23b. ADDRESS <u>3108 S. Grand</u>			23c. DATE SIGNED <u>NOV 3 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/5/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cem.</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>NOV 5 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHULICK UND. CO. 1722 S. Jefferson</u>						

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

(Licensed Embalmer's Statement on Reverse Side)

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 W E Morris

Licensed Embalmer No. 3360

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.