

STANDARD CERTIFICATE OF DEATH

43269

FILED JAN 16 1952

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11713**

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>2151</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarinate-Word</u>		d. STREET ADDRESS (If rural, give location) <u>4521 Pennsylvania</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stanislaus</u> b. (Middle) <u>Rakowiecki</u> c. (Last) <u>Rakowiecki</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-30-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15-1887</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>	11. BIRTHPLACE (State or foreign country) <u>Kato-Poland</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Stanislaus</u>		13b. MOTHER'S MAIDEN NAME <u>Marciana Kaminski</u>	
14. NAME OF HUSBAND OR WIFE <u>Stefania</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>493-01-2320</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stefania Rakowiecki</u> ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> 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 (b) _____ 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 type="checkbox"/> NO <input checked="" 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>4922</u>		22. I hereby certify that I attended the deceased from <u>May 1, 1951</u> , to <u>Dec 30, 1951</u> , that I last saw the deceased alive on <u>Dec 30, 1951</u> , and that death occurred at <u>3 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>L. J. Vigild & Mds</u> (Degree or title)		23b. ADDRESS <u>5022 Doyle</u>	
23c. DATE SIGNED <u>Dec 31/51</u>		24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Imberawicz</u> ADDRESS <u>General 5401 S. Grand</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>DEC 31 1951</u> <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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. _____

Student
Student Embalmer

Signed *John D. Henneky*

Licensed Embalmer No. *9199*

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.