

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11238

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>239</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Y</u>			
b. CITY OR TOWN <u>St Ann</u>		c. LENGTH OF STAY (in this place) <u>7</u>		c. CITY OR TOWN <u>St Ann</u>		4071	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3733 St monica</u>				d. STREET ADDRESS (If rural, give location) <u>3733 St monica</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>Katowski</u>		c. (Last) <u>Katowski</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-52</u>	
5. SEX <u>F. male W</u>		6. COLOR OR RACE <u>undowned</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>4-14-1884</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>67</u> If UNDER 1 YEAR: Months <u>9</u> Days <u>24</u> If UNDER 24 HRS. Hours <u>1</u> Min.	
11. BIRTHPLACE (State or foreign country) <u>Radom Ill</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Thomas Sedko</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Smalik</u>		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Katowski 5308 Arlington</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> DUE TO (b) <u>10 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>u22.2</u>				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) <u>5:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-23</u> , 19 <u>52</u> , to <u>2-6</u> , 19 <u>52</u> 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 <u>Anna T. Cook M.D.</u> (Degree or title)				23b. ADDRESS <u>5536 Robin Ave St-Louis, 20 Mo.</u>		23c. DATE SIGNED <u>2-8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael</u>		24d. LOCATION (City, town, or county) (State) <u>Radom Ill</u>	
DATE REC'D BY LOCAL REG. <u>2-8-52</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donha M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St Louis Funeral Home, 2205 St Louis</u>			

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

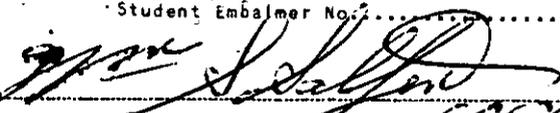
STATEMENT BY LICENSED EMBALMER

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



Signed.....
Student Embalmer

Licensed Embalmer No. 4624

P. O. Address St Charles, 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.