

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14480

State File No.

3042

FILED APR 25 1952

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ Mo _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ St Louis Mo		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ St Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____ Lutheran Hospital				d. STREET ADDRESS (If rural, give location) _____ 1721 South 12th Str			
3. NAME OF DECEASED (Type or Print) _____ Adam		a. (First) _____ b. (Middle) _____ c. (Last) _____ Kruczynski		4. DATE OF DEATH (Month) (Day) (Year) _____ 3-29-52			
5. SEX _____ M	6. COLOR OR RACE _____ W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ M		8. DATE OF BIRTH _____ Sept 6 1897		9. AGE (In years last birthday) _____ 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____ none		11. BIRTHPLACE (State or foreign country) _____ Poland		12. CITIZEN OF WHAT COUNTRY _____ USA	
13a. FATHER'S NAME _____ Anthony Kruczynski			13b. MOTHER'S MAIDEN NAME _____ Warkentin		14. NAME OF HUSBAND OR WIFE _____ Frances		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____ 494-24-9989A		17. INFORMANT'S SIGNATURE OR NAME _____ Sophie Keevil		ADDRESS _____ 1721 S. 12th	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ Myocardial heart disease _____ with atherosclerosis _____ due to (b) _____ Cardiac atherosclerosis _____ due to (c) _____ Chronic congestive heart failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____ 4 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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? _____			
22. I hereby certify that I attended the deceased from 3-28, 1952, to 3-29, 1952 that I last saw the deceased alive on 3-29, 1952, and that death occurred at 3:55 p.m., from the causes and on the date stated above.							
22a. SIGNATURE _____ Paul M Parashak (Degree or title) _____				23b. ADDRESS _____ 5203 Chestnut		23c. DATE SIGNED _____ 3/31/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE _____ 4/2/52		24c. NAME OF CEMETERY OR CREMATORY _____ Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) _____ St Louis County	
DATE REC'D BY LOCAL REG. _____ APR 1 1952		REGISTRAR'S SIGNATURE _____ Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE _____ (Address) _____ 5541 Rivermen Blvd			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John J. Meine

Licensed Embalmer No. *4198*

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.