

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30414**

No. 300
No. 48

HL SEP 13 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **570** Registrar's No. **2298**

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

1. PLACE OF DEATH a. COUNTY Saint Louis		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 Bellefontaine Neighbors)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Louis)	
c. LENGTH OF STAY (In this place) 5 Months		d. STREET ADDRESS (If rural, give location) 411½ N. Newstead Avenue, 15,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1114 Troy Drive, 15.			

3. NAME OF DECEASED (Type or Print) a. (First) Walerija b. (Middle) _____ c. (Last) Maciulewicz (Mack)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 3rd, 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 9th, 1877		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Joseph Ostrowski			13b. MOTHER'S MAIDEN NAME Mary (Unknown)			14. NAME OF HUSBAND OR WIFE Walter B. Mack		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Albert B. Mack, 9201 Edna Street, 15,				ADDRESS _____	
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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) Adenocarcinoma of liver, metastatic source of origin undetermined						INTERVAL BETWEEN ONSET AND DEATH at least 5 mo	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 1561							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION 4-2-52		19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis of abdomen with metastases to liver						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____		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? _____	
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22. I hereby certify that I attended the deceased from **March 27, 1952** to **Sept 3, 1952** that I last saw the deceased alive on **9-3-**, 1952 and that death occurred at **7:15A m.**, from the causes and on the date stated above.

22. SIGNATURE (Degree or title) Emmett B. Drecher M.D.			23b. ADDRESS 3720 Washington Blvd			23c. DATE SIGNED 9-3-52		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/5/52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE REC'D BY LOCAL REG. 9-3-52		REGISTRAR'S SIGNATURE Herbert R. Donnell		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.		ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

File in County

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 A. Mlenar

Licensed Embalmer No. 486

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.