S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33304

FILED SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7632

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

0

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin Desloge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2259
d. STREET ADDRESS (If rural, give location) 1414 North 18th Street 0
25

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) c. (Last) Pawlikowski

4. DATE OF DEATH (Month) (Day) (Year) 8-9-52

5. SEX 0 Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH 3-19-75
9. AGE (In years last birthday) 77 — 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) On Pension
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poland 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Pawlikowwki
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mary Pawlikowski

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 Mrs Marie Bush. 100 Shetland Drive 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene of left toes & foot Previous perforation of colostomy — 3 weeks
DUE TO (c) with a catheter 7/6/52 — 1 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Two years ago a colostomy was performed for inoperable carcinoma of rectum. — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION on 7/6/52 a Transverse colostomy performed because patient perforated distal colostomy
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 154X

22. *I hereby certify that I attended the deceased from* 7-6-52, 19__, *to* 8-9-52, 19__, *that I last saw the deceased alive on* 8-9-52, 19__, *and that death occurred at* 2:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE J.W. Clawson, M.D. 0 (Degree or title) J.W. Clawson, M.D.
23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.
23c. DATE SIGNED Aug 9, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 8/12/52
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. AUG 11 1952
REGISTRAR'S SIGNATURE J Carl Smith MD MGB
25. FUNERAL DIRECTOR'S SIGNATURE Central Funeral Home — ADDRESS 1841 Cass av

(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 John S Dennehy

Licensed Embalmer No. 41940

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.