

No. 300
10. 48

FILED OCT 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37158

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2683

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>St. Louis</u>	
b. CITY OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Richmond Heights</u>	
c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1952</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7536 Hoover Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>7536 Hoover Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Nick</u>			b. (Middle) <u>Marcheski</u>			c. (Last) <u>Marcheski</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 17, 1952</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>Nov. 20, 1886</u>			9. AGE (In years last birthday) <u>65</u>		10. F UNDER 1 YEAR Months	11. F UNDER 1 YEAR Days	12. F UNDER 1 YEAR Hour	13. F UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Body</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Repair Work</u>				11. BIRTHPLACE (State or foreign country) <u>Pieczeszcz, Poland</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Dont Know</u>			13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Krupinska</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW #1</u>			16. SOCIAL SECURITY NO. <u>492-10-4658</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mary Marcheski</u>			ADDRESS <u>7536 Hoover Ave.</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>unknown natural causes</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>7955</u>								INTERVAL BETWEEN ONSET AND DEATH	
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?			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:25a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Donke, M.D.</u>		23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED <u>22 Oct 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10/17/52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullinane Bros.</u>		ADDRESS <u>3320 N. Kingshighway</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Fred Frick

Signed.....
Student Embalmer

Licensed Embalmer No. 3186

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.