

DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43445

State File No. ....

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 11227

BIRTH NO. ....

REG. DIST. 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) St. Louis				c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2209													
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 20 2607 Palm St/ 0																	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph				b. (Middle)				c. (Last) Gorski				4. DATE OF DEATH (Month) (Day) (Year) Dec. 4 1952									
5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2				8. DATE OF BIRTH Dec. 29 1881				9. AGE (In years last birthday) - 70		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Days		Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0				12. CITIZEN OF WHAT COUNTRY?									
13a. FATHER'S NAME Jacob Gorski				13b. MOTHER'S MAIDEN NAME Frances Fulbrant				14. NAME OF HUSBAND OR WIFE Deceased													
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 Lawrence Gorski 5585 Page Blvd.				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)  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Oedema DUE TO (c) Oedema of Brain II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Hypertrophy								INTERVAL BETWEEN ONSET AND DEATH									
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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 334X													
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 1008 <sup>am</sup> m., from the causes and on the date stated above.																					
23a. SIGNATURE Robert M. Sullivan				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 12/6/52													
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE 12/8/52				24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis County									
DATE REC'D BY LOCAL REG. DEC 6 1952				REGISTRAR'S SIGNATURE R. C. Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's 2849 N. Euclid Ave.				ADDRESS									

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert L. Brinkman*  
.....  
Licensed Embalmer No. *3553*

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.