

FILED JAN 28 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 3035  
0352

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's 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		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 4659 Moraine			
3. NAME OF DECEASED (Type or Print) Stanley		a. (First) S		c. (Last) Drzewucki		4. DATE OF DEATH (Month) (Day) (Year) 1-10-53	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 16 1886	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Die Maker		11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? 4	
13a. FATHER'S NAME John Drzewucki		13b. MOTHER'S MAIDEN NAME Catherine Mahajewski		14. NAME OF HUSBAND OR WIFE Helen Drzewucki			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-09-9311		17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Drzewucki			
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) Cerebral Eczema Suppuration of neck Malignancy of jaw II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH Immediate 2 weeks 14 days	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 196X			
22. I hereby certify that I attended the deceased from Nov. 12, 1952 to Jan 9, 1953 that I last saw the deceased alive on Jan. 9, 1953 and that death occurred at 9 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Walter E. Drzewucki		(Degree or title) M.D.		23b. ADDRESS 4807 W. 12th St.		23c. DATE SIGNED 12 Jan 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG. JAN 13 1953		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE Central Funeral Home 5541 Riverview			

(Licensed Embalmer's Statement on Reverse Side)

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

Malignancy in jaw bone.

AUG 6 1954

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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\_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Fred J. Farmer

Licensed Embalmer No. 4788

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.