

STANDARD CERTIFICATE OF DEATH

State File No. **3793**
0505

FILED JAN 28 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2209
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor			d. STREET ADDRESS (If rural, give location) 2209		
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) c. (Last) SOWUL			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 18, 1861		9. AGE (In years last birth'd. y) 91
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Foundry worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Joseph Sowul		13b. MOTHER'S MAIDEN NAME Frances Perry	14. NAME OF HUSBAND OR WIFE Mary Musial		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mary Long		ADDRESS 2344 Madison
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) Sepsis			INTERVAL BETWEEN ONSET AND DEATH ???		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. None					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222		
22. I hereby certify that I attended the deceased from Dec 1, 1932 to Jan 15, 1953 , that I last saw the deceased alive on Jan 13, 1953 and that death occurred at 6 A. m., from the causes and on the date stated above.					
23a. SIGNATURE (Print or type) Thomas H. Gotsch, M.D.			23b. ADDRESS 2435 N. Grand St.		23c. DATE SIGNED 1-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-17-53	24c. NAME OF CEMETERY OR CREMATORY Galvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. JAN 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Ben Kosobowski	
				ADDRESS 2205 St. Louis	

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

2135151 52

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~~ by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Penelias

Licensed Embalmer No. 4283

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.