

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5771**
668
Registrar's No.

FILED FEB 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 47 yrs	c. CITY OR TOWN Kansas City	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital		e. STREET ADDRESS (If rural, give location) 804 Washington	

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) C c. (Last) Brzozwski			4. DATE OF DEATH (Month) (Day) (Year) 2/1/53		
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5. SEX D Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/8/1903		9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hershey Wholesale Gro.		10b. KIND OF BUSINESS OR INDUSTRY Shamokin, Pa		11. BIRTHPLACE (City and State or Foreign Country) U. S.		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Stanley Broski		13b. MOTHER'S MAIDEN NAME Mary Brezgiel		14. NAME OF HUSBAND OR WIFE Lois Wheeler Brzozwski			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. # 510-07-303d		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lois Brzozwski, 804 Washington			
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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) Carcinoma of Stomach with metastases ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Post-operative intestinal obstruction <i>Conditions contributing to the death but not related to the disease or condition causing death</i> Bronchopneumonia				INTERVAL BETWEEN ONSET AND DEATH 15 1/2	
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19a. DATE OF OPERATION 1/26/53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach - inoperable				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Angelo Lapi (Type in or title) <i>Angelo Lapi M.D. surgeon</i>		23b. ADDRESS 101 Memorial Drive		23c. DATE SIGNED 2/1/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/1/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
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DATE REC'D BY LOCAL REG. 2-2-53		REGISTRAR'S SIGNATURE <i>Sheraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P Sheil, K. C. Mo.			
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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.....
Signature of Student Embalmer

Signed.....
John P. Steel

Licensed Embalmer No. 360

P. O. Address.....
K. C. M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.