

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8267

State File No. ....

FILED FEB 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 570 Registrar's No. 554

1. PLACE OF DEATH a. COUNTY <u>St Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Berkley</u>	c. LENGTH OF STAY (In this place) <u>2 yrs.</u>	c. CITY <u>Berkley</u> OR TOWN <u>4091</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8828 Brown Circle Rd</u>		e. STREET ADDRESS (If rural, give location) <u>8828 C Brown Circle RD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Florkowski</u> c. (Last) <u>Florkowski</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/14/53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>4-31-66</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>yes</u>					

13a. FATHER'S NAME <u>Thomas Zielinski</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Kruszynska</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Antoinette Kawiakowski</u> ADDRESS <u>8828 C Brown Circle</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		DUE TO (b) <u>CHRONIC GLOMERULAR NEPHRITIS WITH HYPERTENSION</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
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) <u>592K</u>	
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 12-22, 1952, to 2-14, 1953, that I last saw the deceased alive on 2-14, 1953, and that death occurred at 10:45 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul E. Country</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>917 AIRPORT ROAD</u>		23c. DATE SIGNED <u>2-16-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	

DATE REC'D BY LOCAL REG. <u>2-16-53</u>		REGISTRAR'S SIGNATURE <u>Herkert B. Dinkler M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Central Funeral Home</u> ADDRESS <u>1841 Cass</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

3. No. 300  
v. 10.48

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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.....  
Signature of Student Embalmer

Signed.....  
*Fred J. Farmer*

Licensed Embalmer No. 478

P. O. Address St. Louis

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.