

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12205**  
Registrar's No. **2309**

FILED MAR 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri,</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		<b>2159</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3200a Itaska St.,</b>				d. STREET ADDRESS (If rural, give location) <b>2901 Meramec St.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Regelski,</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 27, 1953</b>	
5. SEX <b>Female,</b>		6. COLOR OR RACE <b>White,</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>		8. DATE OF BIRTH <b>March 17, 1880</b>	
9. AGE (In years last birthday) <b>72</b>				IF UNDER 1 YEAR: Months		IF UNDER 1 HR. IF UNDER 1 MIN. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Chester, Illinois,</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13a. FATHER'S NAME <b>John Poninski,</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Dresko,</b>	
14. NAME OF HUSBAND OR WIFE <b>Michael Regelski,</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Cecilia Schroeder,</b>				ADDRESS <b>3200 Itaska St.,</b>			
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) <b>Cerebral Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr Myocarditis + Arteriosclerotic</b> <b>10 yrs</b> DUE TO (c) <b>None</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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)			
<b>21 Jan</b>		<b>St Louis</b>		<b>Mo</b>			
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? <b>4222</b>			
22. I hereby certify that I attended the deceased from <b>Feb 24, 1953,</b> to <b>Feb 27, 1953,</b> that I last saw the deceased alive on <b>Feb 27, 1953,</b> and that death occurred at <b>1:30P.m.,</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Max Steadloff MD</b>		23b. ADDRESS <b>512 Dow Place</b>		23c. DATE SIGNED <b>2/28/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal,</b>		24b. DATE <b>3/2/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>			
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>MAR 2 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		(Licensed Embalmer's Statement on Reverse Side)			

**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 \_\_\_\_\_ me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joe D. Benz*

Licensed Embalmer No. 4249

2842 Meramec St.,  
P. O. Address St. Louis, 18, 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.