

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12727**

FILED MAR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **739**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Hts.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Afton 4920</b>	
c. LENGTH OF STAY (in this place) <b>2 Wks.</b>		d. STREET ADDRESS (If rural, give location) <b>9240 Southview Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELOISE</b> b. (Middle) <b>W.</b> c. (Last) <b>SUPRUNOWSKI</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 5 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb. 21, 1915</b>		9. AGE (In years last birthday) <b>38</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dupo, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Kenneth Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Blanke</b>		14. NAME OF HUSBAND OR WIFE <b>George Suprunowski</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>489-07-2580</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Suprunowski 9240 Southview</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain hemorrhage</b> <b>deeply penetrating hemorrhoidentary</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>					

19a. DATE OF OPERATION <b>2/12/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Int. + ext. hemorrhoid</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>461X</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?	

22. I hereby certify that I attended the deceased from **2/11/53**, 19**53**, to **3/5/53**, 19**53**, that I last saw the deceased alive on **3/5/53**, 19**53**, and that death occurred at **3:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harry A. Marston M.D.</b>		23b. ADDRESS <b>607 - 77 Grand</b>		23c. DATE SIGNED <b>3/6/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 7, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hiram Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Riegshauser 4228 S. Kingshighway Bl.</b>			
DATE REC'D BY LOCAL REG. <b>3-6-53</b>		REGISTRAR'S SIGNATURE <b>Hebert R. Donohue M.D.</b>			

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

1005

APR 3 1959

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 William C. White

Licensed Embalmer No. 4291

P. O. Address 4228 St. Louis Highway

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.