

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23083**
Registrar's No. **5503**

FILED JUN 20 1953

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

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) c. LENGTH OF STAY (In this place)
OR TOWN **St. Louis,** c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **St. Louis**

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **DEAD AT PROUNCED CITY HOSPITAL** d. STREET ADDRESS (If rural, give location) **25 819 1/2 MARKET ST.**

3. NAME OF DECEASED a. (First) **Julius** b. (Middle) _____ c. (Last) **Penkala,** 4. DATE OF DEATH (Month) (Day) (Year) **June 1, 1953**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **May 15, 1900** 9. AGE (In years last birthday) **53** 10. MONTHS **53** 11. BIRTHPLACE (City and State or Foreign Country) **Poland** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Janitor** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Poland** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Stanislaus Penkala,** 13b. MOTHER'S MAIDEN NAME **Rose Brentek** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Rose Nachefski,** ADDRESS **4707 Nebraska Ave.,**

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) ANTECEDENT CAUSES DUE TO (b) **Chronic Myocarditis** DUE TO (c) **decompensated** 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 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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4222**

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 **12:20 p.m.**, from the causes and on the date stated above.

22a. SIGNATURE **Catrick E. Taylor Coronar** (Doctor or title) 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **6.2.53.**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 3, 1953** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery,** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri,**

DATE REC'D BY LOCAL REG. **JUN 2 1953** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Gebken-Benz Mortuary,** ADDRESS **2842 Meramec St.,**

(Licensed Embalmer's Statement on Reverse Side) **St. Louis, 18, Missouri**

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe P. 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.