

FILED MAR 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10336

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2598	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2207			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 1 WK.		c. CITY OR TOWN St. Louis		d. Is 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: Alexian Brothers Hospital				e. STREET ADDRESS (If rural, give location) 2301 Howard St.			
3. NAME OF DECEASED (Type or Print) a. (First) Teofil b. (Middle) Perzan c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Mar. 19, 1954				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 2, 1899		9. AGE (In years last birthday) 54	If UNDER 1 YEAR Months 4 Days 7	If UNDER 10 MINS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Businessman		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Peter Perzan		13b. MOTHER'S MAIDEN NAME Anna Koprasiwski		14. NAME OF HUSBAND OR WIFE Bernice Drezek			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-09-8019		17. INFORMANT'S SIGNATURE OR NAME Bernice Perzan ADDRESS 2301 Howard St.			
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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction sec. to						
	ANTECEDENT CAUSES Chronic atherosclerotic disease of aorta						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Three myocardial infarctions - 1/2 yr.						
	DUE TO (c) Aplastic CA of marrow - mitosis & liver						1 yr.
	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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			
22. I hereby certify that I attended the deceased from 11/29/52-19 , to 3/19 , 19 54 , that I last saw the deceased alive on 3/19 , 19 54 , and that death occurred at 7:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE J. Earl Smith MD (Degree or title)				23b. ADDRESS 1901 Madison St		23c. DATE SIGNED 3/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/23/54	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. MAR 22 1954		REGISTRAR'S SIGNATURE J. Earl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Funeral Home ADDRESS 2205 St. Louis Ave.			

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

F.P. (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~~ Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton H. Penelous*.....

Licensed Embalmer No. *4283*

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.