

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10468**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2346**

BIRTH NO. FILED **MAR 19 1954**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		a. STATE Missouri b. COUNTY 2239	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS HOSPITAL		d. Is Residence within limits of a city or incorporating town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) SZPYT c. (Last) SZPYT		4. DATE OF DEATH (Month) (Day) (Year) March, 11, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 19, 1890
9. AGE (In years last birthday) 63	# UNDER 1 YEAR Months 63	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours 63 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pidzwirynec, Ukraine	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Peter Szpyt	13b. MOTHER'S MAIDEN NAME Mary Andrusko	14. NAME OF HUSBAND OR WIFE Mary Szpyt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 498-26-2887	17. INFORMANT'S SIGNATURE OR NAME Mary Szpyt 2616 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			
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)
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 4200

22. I hereby certify that I attended the deceased from **12/15, 1952** to **3/11, 1954**, that I last saw the deceased alive on **3/11, 1954**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul H. Hulick M.D.	23b. ADDRESS 5203 Chippewa	23c. DATE SIGNED 3/12/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/15/54	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		

DATE REC'D BY LOCAL REG. MAR 15 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE HULICK UND. CO.	ADDRESS 1722 S. Jefferson
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Ben E. Johnson*

Licensed Embalmer No.

P. O. Address *St. Paul*

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.