

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13614

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3630

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI (Township)  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE MISSOURI  
 b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN ST. LOUIS  
 d. Is Residence within limits of a city incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 8. 1949 D'AMATO COURT 2089

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) \_\_\_\_\_ c. (Last) JENDUZYKOWSKI

4. DATE OF DEATH APRIL 21, 1954 (Month) (Day) (Year)

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH MAR. 25, 1873

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Andrews 3337 Minnesota St. Louis, Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerosis of brain  
 ANTECEDENT CAUSES Arteriosclerotic Head Disease  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kyphoscoliosis

INTERVAL BETWEEN ONSET AND 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) H200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 4-16-54, 19\_\_\_\_, to 4-21-54, 19\_\_\_\_, that I last saw the deceased alive on 4-21-54, 19\_\_\_\_, and that death occurred at 9:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cecil R. Auner M.D.

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 4-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE April 24, 1954

24c. NAME OF CEMETERY OR CREMATORY Resurrection

24d. LOCATION (City, town, or county) (State) Watson & McKenzie Rds

DATE REC'D BY LOCAL REG. APR 22 1954

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Holmeister U. & L. Co. 7814 So. Broadway St. Louis, Mo.

WRITE PLAINLY—USING UNFAADING 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 *Levin C. Hoffman*.....

Licensed Embalmer No. 3871

P. O. Address 7814 S. B.

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.