

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25081

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6187**

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 town) St. Louis,		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers Hospital		• STREET ADDRESS (If rural, give location) 423 So. Compton Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) A.		c. (Last) Pikul	
4. DATE OF DEATH (Month) (Day) (Year) July 6, 1954,					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 1, 1878.	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired 10 yrs.		11. BIRTHPLACE (City and State or Foreign Country) Poland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Alois Pikul		13b. MOTHER'S MAIDEN NAME Dont Know.		14. NAME OF HUSBAND OR WIFE Rose Pikul (nee Kwiatkowski)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 492-09-1949		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Helen Pikul 423 So. Compton 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) Malnutrition Pt kidney ANTECEDENT CAUSES Ante-stroke Surgery 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.			INTERVAL BETWEEN ONSET AND DEATH 6 Mo 1 Mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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)	
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? 180X	
22. I hereby certify that I attended the deceased from 6/9 19 54 , to 7-6-54 , 19 54 , that I last saw the deceased alive on 7/6 19 54 , and that death occurred at 10:10 A.m. , from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS 9560 N Compton	
23c. DATE SIGNED 7/10/54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 9, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.			
DATE REC'D BY LOCAL REG. JUL 8 1954		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, 18, Mo.	

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.....
Signature of Student Embalmer

Signed..... Jac S. Benz
Licensed Embalmer No..... 42
2842 Meramec St.
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.