

FILED SEP 21 1954

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

31993

State File No.

Registrar's No.

8327

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 Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. 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 D.O.A. City Hospital		e. STREET ADDRESS (If rural, give location) 12 4527 Enright Ave. 2129			
3. NAME OF DECEASED (Type or Print)		a. (First) Edward		b. (Middle) Andrew	
		c. (Last) Maciejewski		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1954	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	
8. DATE OF BIRTH July 2, 1903		9. AGE (In years) (last birthday) 51		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) 2 6	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher- Nelson, Toeing		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Buffalo, N.Y.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Stanley Maciejewski		13b. MOTHER'S MAIDEN NAME Michelena Nowicki	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Albin Maciejewski, 51 Hayden St. Buffalo, N.Y.		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.		19. MEDICAL CERTIFICATION I, _____, M.D., DIRECTLY LEADING TO DEATH* (a) <u>1. Coronary Occlusion</u> ANTECEDENT CAUSES <u>2. Lactic Acidosis</u> 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.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 023X	
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 <u>11:54</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>James M. Kelly Deputy Coroner</u>		(Degree or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>9/10/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>Sept. 13, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>			
DATE REC'D BY LOCAL REG. SEP 10 1954		REGISTRAR'S SIGNATURE <u>Carl Smith M.D. Arthur J. Donnelly</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>3840 Lindell Blvd.</u>	

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

