

No. 300
10-48

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. **32105**
Registrar's No. **7962**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (In this place) **3 days**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Faith Hospital**

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 or incorporated town? **Yes** No
 e. STREET ADDRESS (If rural, give location) **200 1731a Elliott Street**

3. NAME OF DECEASED
 a. (First) **Mitchell** b. (Middle) **Postawko** c. (Last) _____
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 25, 1954

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)** **Married**
8. DATE OF BIRTH **May 13, 1923** **9. AGE** (In years last birthday) **31** **3** **12** **Hours** **Min.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Postal Clerk** **10b. KIND OF BUSINESS OR INDUSTRY** **U.S. Post Office** **11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Mo.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Vincent Postawko** **13b. MOTHER'S MAIDEN NAME** **Sophie Masiak** **14. NAME OF HUSBAND OR WIFE** **Catherine Lang Postawko**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **World War II** **16. SOCIAL SECURITY NO.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Chester Postawko (brother)** **ADDRESS** _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Dilatation of Stomach**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Appendicitis**
 DUE TO (c) **Peritonitis**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **Circulatory Collapse**

19a. DATE OF OPERATION **Aug 19, 1954** **19b. MAJOR FINDINGS OF OPERATION** **Langueous Appendicitis & Peritonitis** **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)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **5501**

22. I hereby certify that I attended the deceased from Aug 19, 1954 to Aug 20, 1954; that I last saw the deceased alive on Aug 25, 1954, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Lawrence M. Lawton M.D.** **23b. ADDRESS** **2801 N. Taylor** **23c. DATE SIGNED** **8/27/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **8/30/54** **24c. NAME OF CEMETERY OR CREMATORY** **Calvary** **24d. LOCATION (City, town, or county) (State)** **St. Louis, Mo.**

DATE RECD BY LOCAL REG. **AUG 28 1954** **REGISTRAR'S SIGNATURE** **J. Earl Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **St. Louis Funeral Home** **ADDRESS** **2205 St. Louis Ave**

(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 *John S. Pennek*
Licensed Embalmer No. *411*
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.