

0.300
0.48

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35820

State File No.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8970

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 24 3726 Minnesota Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		2249	
3. NAME OF DECEASED (Type or Print) a. (First) FRIEDA b. (Middle) c. (Last) PETRYSYN		4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July, 25, 1893
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress	11. BIRTHPLACE (State or foreign country) Galicia, Austria
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Bell. Tele. Co.	12. CITIZEN OF WHAT COUNTRY? #
13a. FATHER'S NAME ? Kolody		13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE Wasyl Petryszyn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 488-10-4625	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Schleifstein 3726 Minnesota
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrothorax (right) ANTECEDENT CAUSES Pulmonary Edema Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy 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 checked="" 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1343			
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 245 P.M., from the causes and on the date stated above.			
23. SIGNATURE Patrick P. Taylor, M.D. (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED OCT 3 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem	
24b. DATE 10/4/54		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. OCT 4 1954		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHULICK UND. CO. INC. 1722 S. Jeffer	

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

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.