

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 38586
10156

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) 55 YRS.		c. CITY OR TOWN ST. LOUIS		d. Is 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 4030 PALM - ST.				e. STREET ADDRESS (If rural, give location) 4030 PALM - ST. 21090			
3. NAME OF DECEASED (Type or Print) a. (First) STANLEY		b. (Middle) _____		c. (Last) BRZOSTOWSKI.		4. DATE OF DEATH (Month) (Day) (Year) NOV. 8 TH 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 6 TH 1888	
9. AGE (In years last birthday) 66 YRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY GENERAL LABORER		10b. KIND OF BUSINESS OR INDUSTRY WABASH. R.R.		11. BIRTHPLACE (City and State or Foreign Country) 4 POLAND.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH - BRZOSTOWSKI.		13b. MOTHER'S MAIDEN NAME SALLY - KARWOSKI		14. NAME OF HUSBAND OR WIFE MARY - BRZOSTOWSKI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mary Brzostowski		ADDRESS 4030 Palm St.	
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) CHRONIC MYOCARDITIS. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MASSIVE TERMINAL PNEUMONIA OF RIGHT LUNG + LEFT LOWER LUNG				INTERVAL BETWEEN ONSET AND DEATH 1 YEAR 2 YEARS	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221			
22. I hereby certify that I attended the deceased from OCTOBER 31, 1954, to NOV. 8, 1954, that I last saw the deceased alive on NOV. 8, 1954, and that death occurred at 10:25 AM., from the causes and on the date stated above.							
23a. SIGNATURE Anthony A. Piekarski MD (Degree or title)				23b. ADDRESS 9 1525a Cass Ave		23c. DATE SIGNED 11-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) RURAL		24b. DATE NOV. 11 TH 1954		24c. NAME OF CEMETERY OR CREMATORY CALVARY - CEMETERY.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. NOV 9 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Und. Co. 1827-HOGAN-ST.			

(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 *Robert M. Murray*

Licensed Embalmer No. *374*

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.