

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42493

FILED DEC 16 1954

State File No. 10770

1003

Registrar's No. 10770

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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 Mo		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2116 North 9th Str.			e. STREET ADDRESS (If rural, give location) 2116 N 9th Str. 2269					
3. NAME OF DECEASED (Type or Print) a. (First) Stanley b. (Middle) _____ c. (Last) Jaworoski			4. DATE OF DEATH (Month) 11- (Day) 24 (Year) 54					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov 22-89		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler		10b. KIND OF BUSINESS OR INDUSTRY Wabash		11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? 4		
13a. FATHER'S NAME Anthony Jaworoski		13b. MOTHER'S MAIDEN NAME Margaret		14. NAME OF HUSBAND OR WIFE Deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anthony Gacloch 2116 N 9th Str				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs	
<p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of colon						
		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153x				
22. I hereby certify that I attended the deceased from 4-24, 1954 , to 11-24, 1954 , that I last saw the deceased alive on 10-6, 1954 and that death occurred at 9 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Dennis Bailey M.D.			23b. ADDRESS No Theatre #1114 St Louis, MO			23c. DATE SIGNED 11-26-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-27-54	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 26 1954		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 1841 Cass				

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 *J. M. Paster*.....

Licensed Embalmer No. *398*

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.