

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No. **42656**Registrar's No. **10689**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42656		Registrar's No. 10689		
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. 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 Christian Hospital				e. STREET ADDRESS (If rural, give location) 8: 9017 Newby St. 2089 0						
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) c. (Last) MURAWSKI			4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1954			5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 18, 1901		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance			10b. KIND OF BUSINESS OR INDUSTRY Miss. Glass Co.		11. BIRTHPLACE (City and State or Foreign Country) Philadelphia Penn.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Frank Murawski Sr.			13b. MOTHER'S MAIDEN NAME Frances Slexivinski			14. NAME OF HUSBAND OR WIFE Dorothy Mruawski				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-01-2910		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dorothy Murawski 9017 Newby Ave.						
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute Coronary disease 6 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. none					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? YES <input 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) 4201						
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? ✓						
22. I hereby certify that I attended the deceased from 7-1- , 19 54 , to 11-21- , 19 54 , that I last saw the deceased alive on 9-24- , 19 54 , and that death occurred at 12:05 a.m. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) H. J. Miller				23b. ADDRESS M. D. 8410 N. Broadway			23c. DATE SIGNED 11-23-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/24/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. NOV 23 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Stygar & Son 5541 Riverview Blvd.					

(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..... *J. M. Pieter*

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.