

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1955

State File No. 16655

BIRTH NO. 38885-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4629

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. CITY	
b. CITY (If outside corporate limits, write RURAL and give town) St Louis Mo		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's Hosptial		STREET ADDRESS (If rural, give location) 3333 Michigan ae	

3. NAME OF DECEASED (Type or Print)	a. (First) Infant John	b. (Middle)	c. (Last) Gorka	4. DATE OF DEATH (Month) 5 (Day) 26 (Year) 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH May 23-55	9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 3 IF UNDER 24 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) #####	10b. KIND OF BUSINESS OR INDUSTRY #####	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John J. Gorka	13b. MOTHER'S MAIDEN NAME Bernacie Wisniewski	14. NAME OF HUSBAND OR WIFE #####
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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 John Gorka	ADDRESS 3333 Michigan ave
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Foetal anoxia -		24 hrs
	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. Pulmonary edema			12 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 7620
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22. I hereby certify that I attended the deceased from May 23, 1955, to May 26, 1955, that I last saw the deceased alive on May 26, 1955, and that death occurred at 3:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. G. H. Leideman M.D.	23b. ADDRESS 4126 Shreve Ave	23c. DATE SIGNED 3/26/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/27/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. MAY 26 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Central Und Co	ADDRESS 1841 Cass ave
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E.P. (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 *Not Embalmed*
John J. Hyman
Licensed Embalmer No.
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.