

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20416**  
Registrar's No. **4867**

FILED JUN 20 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (in this place township) <b>6 days</b>	c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>94</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>			f. STREET ADDRESS (If rural, give location) <b>5450 Thrush Ave</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Adam</b>		b. (Middle)		c. (Last) <b>Sobocinski</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>6 2 1955</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>7-24-1876</b>		9. AGE (In years last birthday) <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Martha Sobocinski</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-09-7058</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alex Sobo</b> ADDRESS <b>5450 Thrush Ave</b>	
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) <b>Hemorrhages (retal &amp; oral)</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> <b>Hypertrophy of heart</b> DUE TO (c) <b>Chronic Myocarditis</b> <b>Auricular fibrillation</b>  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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>5/22/55</b> , 19 <b>55</b> , to <b>6/2/55</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>6/2/55</b> , 19 <b>55</b> , and that death occurred at <b>12:30 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Paul H. Demstork MD</b>			23b. ADDRESS <b>9330 Jennings Rd</b>		23c. DATE SIGNED <b>6-3-55</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-4-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Earl Smith, M.D.</b> ADDRESS <b>St. Louis Funeral Home 2205 St Louis Ave.</b>			

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.....  
*John J. Haines*  
Licensed Embalmer No. 410  
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.