

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20511

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5155**

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) **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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Alexian Bros Hospital**
e. STREET ADDRESS (If rural, give location) **24 2733 Arsenal Street 22490**

3. NAME OF DECEASED (Type or Print) a. (First) **Stefan** b. (Middle) _____ c. (Last) **Wojciechowski** 4. DATE OF DEATH (Month) (Day) (Year) **June 11 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **March 12 1885** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoe Cobbler** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe** 11. BIRTHPLACE (City and State or Foreign Country) **Poland** 12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **Adam Wojciechowski** 13b. MOTHER'S MAIDEN NAME **Anna Niemierzycka** 14. NAME OF HUSBAND OR WIFE **Antoinette**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Antoinette Wojciechowski** ADDRESS **2733 Arsenal**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **Friday**

* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Chr. Myocarditis**

DUE TO (c) **Ac. Bronchopneumonia** II. OTHER SIGNIFICANT CONDITIONS **Chronic Asthma**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

I hereby certify that I attended the deceased from **June 10, 1955**, to **June 11, 1955**, that I last saw the deceased alive on **June 11, 1955**, and that death occurred at **10:40 P** m., from the causes and on the date stated above.

22. SIGNATURE **Dr. Paul J. Young** (Degree or title) **M.D.** 23b. ADDRESS **2621 S. Jefferson** 23c. DATE SIGNED **June 13/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6/15/55** 24c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 24d. LOCATION (City, town, or county) (State) **St Louis County Mo.**

DATE REC'D BY LOCAL REG. **JUN 14 1955** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Moydell Funeral Home** ADDRESS **1926 Allen Av**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

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 *Elmer R. Padwell*.....

Licensed Embalmer No. *40*.....

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.