

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38778
Registrar's No. 9617

XC-122 20 79
R. #11554 SL-6077
FILED NOV 25 1955

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN Overland <i>4/19</i>	
c. LENGTH OF STAY (In this place) 25 Days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			
e. STREET ADDRESS 2717 Harry's Lane			
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) J. c. (Last) Retkowski		4. DATE OF DEATH (Month) (Day) (Year) 11-3-55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-1-1895
9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Michael Retkowski		13b. MOTHER'S MAIDEN NAME Julia Kowalski	
14. NAME OF HUSBAND OR WIFE Henrietta Retkowski			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 497 09 0805	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, 915 N. Grand, St. Louis, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES <i>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) Carcinoma of Bladder Unknown	
		DUE TO (c) Carcinoma of Kidney Unknown	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 180x	
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?			
22. I hereby certify that I attended the deceased from 10-9 , 19 55 to 11-3 , 19 55 , and that death occurred at 7:51p m. , from the causes and on the date stated above.			
23a. SIGNATURE W. K. P. Patrick, M.D.		23b. ADDRESS St. Louis, Mo. 11/3/55	
23c. DATE SIGNED 11/3/55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov 7 1955	
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 4 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Collier Mortuary		ADDRESS 10123 St. Chas. Rd.	

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: *Sheldon Collier*.....

Licensed Embalmer No. *338*.....

P. O. Address *10123 St. L.*

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.