

STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

41841

10768

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3960 No. 20th St.

f. STREET ADDRESS (If rural, give location)
26 3960 No. 20th St. 22690

3. NAME OF DECEASED
(Type or Print)
a. (First) **Mary**
b. (Middle) **(Bodgewicz)**
c. (Last) **Bogdajewicz**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 6, 1955

5. SEX
Female

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Dec. 22, 1897

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)
57 11 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
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11. BIRTHPLACE (City and State or Foreign Country)
Poland

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Jacob Kaminski

13b. MOTHER'S MAIDEN NAME
Aniela Cieslak

14. NAME OF HUSBAND OR WIFE
John Bogdajewicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
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16. SOCIAL SECURITY NO.
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
John Bogdajewicz 3960 No. 20th St.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Arteriosclerosis**
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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
420.1

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1256 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE
James M. Keeley

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
12-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
12/9/55

24c. NAME OF CEMETERY OR CREMATORY
St. Peter's Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis, Mo.

DATE REC'D BY LOCAL REG.
DEC 8 1955

REGISTRAR'S SIGNATURE
Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
St. Louis Funeral Home 2205 St. Louis

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 *Elton H. Remick*.....

Licensed Embalmer No. *42*.....

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.