

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. \_\_\_\_\_

11032

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5736 Saloma</i>		1. STREET ADDRESS (If rural, give location) <i>5736 Saloma Ave</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Cecilevieve</i>		b. (Middle)		c. (Last) <i>ILewski</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 15 1955</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>Jan. 13, 1911</i>		9. AGE (In years last birthday) <i>44</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe Co</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>East St. Louis, Ill.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Poluskaw Laczeki</i>		13b. MOTHER'S MAIDEN NAME <i>Rose Cardock</i>	
14. NAME OF HUSBAND OR WIFE <i>John Ilewski</i>		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 <i>John Ilewski</i>		ADDRESS <i>5736 Saloma Ave</i>			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brain tumor (glioblastoma)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>193x</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>above diagnosis established by George Roukac, M.D. who performed</i>		18. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21b. 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 *Nov. 15, 1955*, to *Dec. 15, 1955*, that I last saw the deceased alive on *Dec. 12, 1955*, and that death occurred at *10:12 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Russell Caldwell, M.D.</i>		23b. ADDRESS <i>4110 West Florissant</i>		23c. DATE SIGNED <i>12-15-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-19-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Cavalry Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		DATE REC'D BY LOCAL REG. <i>DEC 17 1955</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>JOHN STYGAR and SON FUNERAL HOME</i>		ADDRESS <i>5541 Riverview B.</i>			

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.....  
*Mr. Rister*

Licensed Embalmer No. *398*

P. O. Address *St. Louis,*

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