No. 300
10.48

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

2941

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. # 11

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4249 N.19th Str.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 4249 N. 19th Str
2099

**3. NAME OF DECEASED** (Type or Print)
a. (First): Josephine
b. (Middle): Josie)
c. (Last): Plodzien

**4. DATE OF DEATH** (Month) (Day) (Year): 1-1-56

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: March 16-91
**9. AGE** (In years last birthday): 64
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): Clean office
**10b. KIND OF BUSINESS OR INDUSTRY**: Mo.Pac.Bldg
**11. BIRTHPLACE** (City and State or Foreign Country): Poland
**12. CITIZEN OF WHAT COUNTRY?**: POLAND

**13a. FATHER'S NAME**: Martin Lazarz
**13b. MOTHER'S MAIDEN NAME**: Victoria Unknown
**14. NAME OF HUSBAND OR WIFE**: Stanley Plodzien

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 488-10-9998
**17. INFORMANT'S SIGNATURE OR NAME**: Stanley Plodzien
ADDRESS: 4249 N.19th Str

**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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1hr.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteria sclerosis — 5yrs.
DUE TO (c) Diabetes mellitus — 3yrs.

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~~ 260
**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) m.
**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* Oct., 1953, *to* Dec 31, 1955, *that I last saw the deceased alive on* Dec 31, 1955, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): L.R. Sheridan M.D.
**23b. ADDRESS**: 1755 So. Grand Blvd
**23c. DATE SIGNED**: 1-3-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 1-4-56
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: JAN 3 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: F.P.
ADDRESS: Central Und Co 1841 Cass ave

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J W Ruste

Licensed Embalmer No. 3980

P. O. Address St Louis M

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