

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18941**
Registrar's No. **4380**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4380	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital.				e. STREET ADDRESS (If rural, give location) 15 5009 So. Broadway,			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) X		c. (Last) Zakrzewski,		4. DATE OF DEATH (Month) (Day) (Year) May 2, 1956	
5. SEX Male,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,		8. DATE OF BIRTH August 5, 1903.	
9. AGE (In years last birthday) 52		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) Shoemaker,		10b. KIND OF BUSINESS OR INDUSTRY Hamilton Shoe Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stanley Zakrzewski,		13b. MOTHER'S MAIDEN NAME Rose Zielinski,		14. NAME OF HUSBAND OR WIFE Marie G. Zakrzewski,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-01-8612		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie G. Zakrzewski, 5009 So. Broadway			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Bronchogenic ANTECEDENT CAUSES <i>Chronic conditions, chronic rising rise to the above cause (a) stating the underlying cause (a).</i> DUE TO (b) DUE TO (c) Also Pathologic fracture rt. femur from metastasis of Ca. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 4-2-56	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OR OPERATION		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) m.		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 1-26, 1955, to 5-2, 1956, that I last saw the deceased alive on 5-1, 1956, and that death occurred at 12:30PM, from the causes and on the date stated above.							
23a. SIGNATURE Genevieve H. Eddele M.D. (Degree or title)				23b. ADDRESS 4941 Chippewa St.		23c. DATE SIGNED 5-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 5/5/56		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. MAY 4 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.			

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 me Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe B. Benz
Licensed Embalmer No. 424
2842 Meramec
P. O. Address.. St., Louis, Mo., 18

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.