

Health, Welfare Public Service
 300
 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29201

FILED AUG 24 1956

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No.

6637

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SSt. Louis		c. CITY OR TOWN St. Louis 4747 Labadie	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4747 Labadie		d. STREET ADDRESS (If outside, give location) 4747 Labadie	
3. NAME OF DECEASED (Type or print) Joseph		4. DATE OF DEATH 7 14 56	
5. SEX M		6. COLOR OR RACE W	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8/15/1885	
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) coal miner		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland	
13. FATHER'S NAME Joseph Swigunski		14. MOTHER'S MAIDEN NAME Ridzewski	
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. 335-012-409	
17. INFORMANT Pauline Swigunski		Address 4747 Labadie	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 422.2			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 7 56 to July 14 56 and last saw her alive on July 14 56 Death occurred at 57A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. J. Vezgich M.D. (Degree or title)		22b. ADDRESS 3511 Vincennes	
22c. DATE SIGNED July 14 56			
23a. BURIAL, CREMATION, REMOVAL (Specify) 7/17/56		23b. NAME OF CEMETERY, OR CREMATORY Calvary	
23c. LOCATION (City, town, or county) St. Louis		23d. COUNTY STATE Mo.	
24. FUNERAL DIRECTOR B. Kosakowski ADDRESS 2205 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. JUL 16 1956	
26. REGISTRAR'S SIGNATURE Paul Smith M.D.			

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..... *John S. Deane*

Licensed Embalmer No. *415*

P. O. Address *St. Louis*

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