

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

319881

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

FILED SEP 21 1956

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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 <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>st. Louis</u>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>20 2520a Sullivan avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>John</u>		a. (First) <u>John</u>	b. (Middle) <u>M</u>	c. (Last) <u>Czarnecki</u>	4. DATE OF DEATH <u>August 26 1956</u>		(Month) (Day) (Year)
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>June 14 1894</u>		9. AGE (In years last birthday) <u>62</u>	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) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jacks-Evans Mfg. Co.,</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburgh, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marting C zarnecki</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Niewadomski</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Czarnecki (Deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>1st World War</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anthony John Czarnecki,</u>		ADDRESS <u>2520a Sullivan Ave</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery Disease</u>				DUE TO (b) _____			48 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 <u>420-1</u>				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) _____		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 <u>6-11 1956</u> , to <u>8-26 1956</u> , that I last saw the deceased alive on <u>8-25 1956</u> , and that death occurred at <u>8:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. E. Martin M.D.</u> (Degree or title) _____				23b. ADDRESS <u>4110 W. Florissant</u>		23c. DATE SIGNED <u>8-27-56</u>	
24a. BURIAL- CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 30 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>		
DATE REC'D BY LOCAL REG. <u>AUG 28 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MATH HERMANN &amp; SON., Inc., 2161 E. Fair Av</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*3737*  
*St. Louis Mo.*

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 this body is not embalmed, fact should be so stated above.