

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32288

State File No. ....

Registrar's No. 7930

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7930

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. CITY OR TOWN <u>St. Louis,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4710 Michigan Ave.,</u>		e. STREET ADDRESS (If rural, give location) <u>2159 4710 Michigan Ave.,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline (Apolonia) J.</u> b. (Middle) _____ c. (Last) <u>Musiellak</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 27, 1956</u>	
5. SEX <u>Female,</u>	6. COLOR OR RACE <u>White,</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>	8. DATE OF BIRTH <u>April 18, 1882</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri,</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Joseph Molinski,</u>	
13b. MOTHER'S MAIDEN NAME <u>Michalina Brzyczka,</u>		14. NAME OF HUSBAND OR WIFE <u>Peter T. Musiellak,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10-5749</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Peter T. Musiellak,</u>		ADDRESS <u>4710 Michigan 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma (Primary - stomach)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF 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) _____		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>1/17</u> , 19 <u>56</u> , to <u>8/27</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/27</u> , 19 <u>56</u> , and that death occurred at <u>4:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Michael E. Bordnick M.D.</u>		23b. ADDRESS <u>7615 So Broadway</u>	
23c. DATE SIGNED <u>8-28-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal,</u>		24b. DATE <u>8/29/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</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 <u>Gebken-Benz Mortuary,</u>		ADDRESS <u>2842 Meramec St., St. Louis, 18, Mo.</u>	

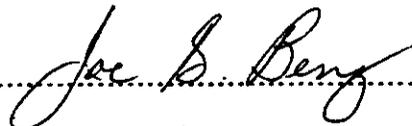
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....



Licensed Embalmer No. 4246

2842 Meramec S

P. O. Address... St. Louis, 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.