

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318 1003

State File No. 36040
9813

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
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) LIFE		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE: CITY-HOSPITAL #1, 09				A STREET ADDRESS (If rural, give location) 1406 EAST-GANO-AV.			
3. NAME OF DECEASED (Type or Print) a. (First) ANTHONY- b. (Middle) ANDREW- c. (Last) PIEKARSKI (M.D.)			4. DATE OF DEATH (Month) (Day) (Year) OCT. 26TH 1956				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE-10TH 1899	
9. AGE (In years last birthday) 57 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN		10b. KIND OF BUSINESS OR INDUSTRY OWN-PRACTICE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ANDREW-PIEKARSKI		13b. MOTHER'S MAIDEN NAME CATHERINE-WAWROCKA		14. NAME OF HUSBAND OR WIFE MARY-PIEKARSKI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD-WARS #1 & 2.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY-PIEKARSKI = 1406 E. GANO. AV.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Infarction Myocardium - minute ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Heart Disease years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronated Sinus Syndrome					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				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 Jan 24, 1956, to Oct 25, 56, that I last saw the deceased alive on Oct 21, 1956, and that death occurred at 12:30 A.M., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) (Address) H. H. Siesener MD 6000 W. Flouissant				23c. DATE SIGNED 10-26-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 29TH 1956		24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
DATE REC'D BY LOCAL REG. OCT 27 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Und. Co. 1827-HOGAN-ST.			

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

Student
Signature of Student Embalmer

Signed *John D. Penner*

Licensed Embalmer No. *7195*

P. O. Address *St. Louis*

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.