No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36041

FILED NOV 16 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9304

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1525A CASS-AV

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: —
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 1525A CASS-AV.

3. NAME OF DECEASED (Type or Print): a. (First) ANTOINETTE b. (Middle) — c. (Last) PIEKARSKI.

4. DATE OF DEATH (Month) (Day) (Year): OCT. 10TH. 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER-MARRIED
8. DATE OF BIRTH: JUNE-3RD 1888
9. AGE (In years last birthday): 68YRS. 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): PATTERN-TRACER
10b. KIND OF BUSINESS OR INDUSTRY: BOYD-JONES-SHOE-CO.
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: SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 497-01-9983
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: EMILY-PIEKARSKI-1525A CASS-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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Sarcoma. — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Leiomyosarcoma of Uterus.
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: 7-7-56
19b. MAJOR FINDINGS OF OPERATION: Leiomyosarcoma of uterus 174X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-5, 1956, *to* 10-10, 1956, *that I last saw the deceased alive on* 10-8, 1956, *and that death occurred at* 7:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eugene T. Smytzek, MD
23b. ADDRESS: University Club Bldg.
23c. DATE SIGNED: 10-11-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT. 15TH 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 11 1956
REGISTRAR'S SIGNATURE: Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Brockland Und. C. 1827-HOGAN-ST.

(Licensed Embalmer's Statement on Reverse Side)

1103

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Dir

Licensed Embalmer No. 419

P. O. Address St. L

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