

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42643

FILED DEC 27 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11441

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

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Missouri		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) Over 50 yrs		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 St. Louis State Hospital		e. STREET ADDRESS (If rural, give location) 5400 Arsenal Street	
3. NAME OF DECEASED a. (First) Josephine (Type or Print)		b. (Middle) _____ c. (Last) Baczkowski	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Was married		8. DATE OF BIRTH 1863	
9. AGE (In years last birthday) 93		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? Unknown	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS 5400 Arsenal St.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>OK Josephine Baczkowski 903712/11/56</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Supracondylar fracture - R. Hospital	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis (COUNTY) Mo. (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 9 1956 4:45pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Patient very feeble slipped to floor		22. I hereby certify that I attended the deceased from Oct. 24, 1910 , to Dec. 10, 1956 , that I last saw the deceased alive on Dec. 10, 1956 , and that death occurred at 9:45 p. m. , from the causes and on the date stated above.	
23a. SIGNATURE Lice Hafelter M.D. (Degree or title) 0		23b. ADDRESS 5400 Arsenal Street	
23c. DATE SIGNED 12-11-56		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 12-13-56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Missouri (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE Cullen & Kelly ADDRESS 7267 Natural Bridge Blvd	
DATE REC'D BY LOCAL REG. DEC 13 1956		REGISTRAR'S SIGNATURE Charles Smith M.D.	

m 83 (Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James A. Lamness
Licensed Embalmer No. 414

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.