Health, Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3144

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 541

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, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis, Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 02 Alexian Bros. Hosp. Length of stay in 1b 9 15	STREET ADDRESS (If outside, give location) 4628 Virginia Ave., Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Frank	Middle: V.	Last: Trudzinski,	4. DATE OF DEATH Month Day Year: January 16, 1957.
5. SEX: Male.	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: September 12, 1881	9. AGE (In years last birthday): 75 — 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): Beer Bottler-Anheuser-Busch, Inc, Ret. 10Yrs,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Poland, 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: John Trudzinski,		14. MOTHER'S MAIDEN NAME: Frances Pieczynski,		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 494-07-4713	17. INFORMANT Address: Joseph M. Trudzinski, 4628a Virginia Ave.,		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis of Lungs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 434.3

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 9:35 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick E. Taylor Coroner 3	22b. ADDRESS: 1300 Clark	22c. DATE SIGNED: 1.18.57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal.	23b. DATE: 1/19/57	23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery,
23d. LOCATION (City, town, or county) (State): LeMay, Mo.		
24. FUNERAL DIRECTOR ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	25. DATE RECD. BY LOCAL REG.: JAN 18 '57	26. REGISTRAR'S SIGNATURE: J Carl Smith MD MJB

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec

P. O. Address St. Louis, J

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