FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6616

STATE FILE NUMBER 991

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

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|---|---|
| 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 Missouri. Inside Limits Yes ☒ No ☐ | c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firmin Desloge Hosp. Length of stay in 1b 11 | d. STREET ADDRESS (If outside, give location) 5800 Clemens Ave. Reside on Farm Yes ☐ No ☒ |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First MARGARET Middle Last SEBULSKY | | 4. DATE OF DEATH Month January Day 29 Year 1957 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH March 5,1889 |
| 9. AGE (In years last birthday) 67 | 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) at home | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and state or country) Lithuania | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Unknown Anderson | | 14. MOTHER'S MAIDEN NAME Unknown Grichen | |
| 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. none | 17. INFORMANT Address Mrs Robert Riegel 5800 Clemens 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) Pulmonary atelectasis + pneumonitis — INTERVAL BETWEEN ONSET AND DEATH 12 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bleeding Duodenal ulcer with — 1 week

DUE TO (c) sub-total gastrectomy

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertensive Vascular Disease 541.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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

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 Jan 22, 1957, to Jan 29, 1957 and last saw her alive on Jan 29

Death occurred at 7:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title) James C Redington Jr. M.D. | 22b. ADDRESS 4161 Tindell Blvd | 22c. DATE SIGNED Jan 30 '57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE Feb. 1-1957 | 23c. NAME OF CEMETERY OR CREMATORY Ressurection |
| 23d. LOCATION (City, town, or county) (State) St. Louis County Missouri. | | |
| 24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd. | 25. DATE RECD. BY LOCAL REG. JAN 31 '57 | 26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...ealth, Welfare ...ublic ...ervice

...300 ...1-56

...diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 38

P. O. Address St. Louis

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.