

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7076

State File No.

FILED FEB 26 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 228

1. PLACE OF DEATH
a. COUNTY St. Louis

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 Normandy

c. LENGTH OF STAY (In this place) 22 Days

c. CITY OR TOWN XXXX St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteo. Hospital

e. STREET ADDRESS (If rural, give location) 20 2210 St. Louis Ave.

3. NAME OF DECEASED
a. (First) Martin (Marcin) b. (Middle) - (Czarnick) c. (Last) Czarnick

4. DATE OF DEATH (Month) (Day) (Year) 1- 24 57

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 11-11-1900

9. AGE (In years last birthday) 57
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) Meat Cutter

10b. KIND OF BUSINESS OR INDUSTRY Mrs. Hellings Cafeteria

11. BIRTHPLACE (City and State or Foreign Country) Poland

12. CITIZEN OF WHAT COUNTRY? 1st Papers

13a. FATHER'S NAME John Czarnick

13b. MOTHER'S MAIDEN NAME Kackla

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO. 492 12 8729

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gregory Czarnick 1311 Warren 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure

ANTECEDENT CAUSES
DUE TO (b) Cerebro-Vascular Accident
DUE TO (c) malignant hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH
2 days
1 wk
2 yrs
6 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331K

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 1-2, 1957, to 1-24, 1957, that I last saw the deceased alive on 1-24, 1957, and that death occurred at 5:49 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Shelby DO

23b. ADDRESS 1917 N Hanley Rd St Louis 14

23c. DATE SIGNED 1-25-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1/26/57

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 1-25-57

REGISTRAR'S SIGNATURE Herbert R. Donahue

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Und. Co. 1841 Cass Avenue.

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

APR 17 1957

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 *J. W. Ruster*

Licensed Embalmer No. 398

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.