

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10485

STATE FILE NUMBER

2108

FILED MAR 27 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

2108

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS MO</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2117 WITHNELL</i>				Length of stay in lb <i>2</i>		d. STREET ADDRESS (If outside, give location) <i>2117 WITHNELL</i>	
3. NAME OF DECEASED (Type or print) <i>SOPHIA JASINSKI</i>				4. DATE OF DEATH <i>MAR. 2 1957</i>			
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>MAR. 14 1898</i>	
9. AGE (In years last birthday) <i>58</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SEAMSTRESS</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>MARY HAAS</i>		11. BIRTHPLACE (City and state or country) <i>ILLINOIS</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>JOHN KRAWIECKI</i>				14. MOTHER'S MAIDEN NAME <i>STELLA MAJEWSKI</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT Address <i>2117 GERTRUDE CIESLINSKI WITHNELL</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Laceration of throat</i>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>E977x</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Self inflicted in home on</i>					
20c. TIME OF INJURY Hour Month, Day, Year <i>3 a. m. 3 2 57 March 2nd 1957</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>8559</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Joseph M. Quinn Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>3-3-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>MAR. 5 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>RADOM ILLINOIS</i>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <i>Thomas Kutie 2906 Gravois</i>			25. DATE RECD. BY LOCAL REG. <i>MAR 4 '57</i>		26. REGISTRAR'S SIGNATURE <i>Charles Smith MO</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

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