

STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1957

Registration District No. 312 Primary Registration District No. 542 Registrar's No. 543

STATE FILE NUMBER

Health, Welfare & Public Service
300
1-56
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
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.

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Olivette 43800		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp.		Length of stay in lb 12 days		d. STREET ADDRESS 9044-Old Bonhomme (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Alexander Lesinski First Middle Last				4. DATE OF DEATH Feb. 26, 1957 Month Day Year			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar. 21, 1891	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenceman				10b. KIND OF BUSINESS OR INDUSTRY County Water Co		11. BIRTHPLACE (City and state or country) Poland	
13. FATHER'S NAME Jacob Lesinski				14. MOTHER'S MAIDEN NAME Catherine Prusik			
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. 497-01-7198		17. INFORMANT Eleanor Lesinski Address 9044-Old Bonhomme	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Unknown DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) Emphysema - severe - Anoxic Nephritis - 150x							INTERVAL BETWEEN ONSET AND DEATH 2 1/2 Mo.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Feb 20 , to Feb 26 and last saw ^{her} / _{him} alive on Feb 26, 1957 . Death occurred at afternoon 4 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph L. Lucido MD (Degree or title)				22b. ADDRESS 634 N Grand		22c. DATE SIGNED Feb 27 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3-1-1957		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR William Brown ADDRESS 2504 Woodson Rd - Overland-14 - Mo.		25. DATE RECD. BY LOCAL REG. 2/28/57		26. REGISTRAR'S SIGNATURE Herbert A. Donke MD			

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 *David C. Gibson*.....

Licensed Embalmer No. *34*.....

P. O. Address *Overland*.....

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.