

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18931

FILED JUN 7 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

5010

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>01 3625 Flad</u>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>1790 3625 Flad Aven,</u>		
3. NAME OF DECEASED (Type or print) <u>Frances Kochanski</u>			First <u>Frances</u> Middle <u>Kochanski</u> Last	4. DATE OF DEATH Month <u>May</u> Day <u>24</u> Year <u>1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 8, 1912</u>	9. AGE (In years last birthday) <u>45</u>	
IF UNDER 1 YEAR Months <u>0</u> Days <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Presser</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Industry</u>	11. BIRTHPLACE (City and state or country) <u>Edwardsville Ill. /</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Peter Kochanski</u>			
14. MOTHER'S MAIDEN NAME <u>Antonia Sawicki</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			
16. SOCIAL SECURITY NO. <u>-</u>			17. INFORMANT <u>Anne Kochanski 3625 Flad Avenue</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Oedema</u> <u>Coronary Sclerosis</u> <u>Cardiac Hypertrophy</u> 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 ILLNESS CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH	
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 of Part II of item 18.) <u>420.1</u>			
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>			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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:32 P.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated						
22a. SIGNATURE <u>James M Kelly</u> (Degree or title) <u>Deputy Coroner</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>5-28-57</u>	
23a. BURIAL, CREMATION, REMOVE (Specify)	23b. DATE <u>May 29-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
24. FUNERAL DIRECTOR <u>Thomas J. Finan</u> ADDRESS <u>1519 S. Grand Blvd</u>			25. DATE RECD. BY LOCAL REG. <u>MAY 28 '57</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith Mo</u> <u>ms</u>	

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.....
Licensed Embalmer No. 365

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.