

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42152
State File No. 10651
Registrar's No.

FILED NOV 22 1957

BIRTH NO. _____ REG. DIST. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give name of township) <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONYS Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>4336 OAKWOOD</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>J.</u> c. (Last) <u>JAROLIMEK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 2 1871</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TINNER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BOHEMIA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>FRANK JAROLIMEK</u>	
14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		15. NAME OF HUSBAND OR WIFE <u>BARBARA JAROLIMEK (DEC)</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>499-01-24294</u>	
18. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM JAROLIMEK</u>		19. ADDRESS <u>PINE LAWN Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Transition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic CVRAs</u> DUE TO (c) <u>Eye</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Jenile Changes</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>442x</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1957, to 11-6, 1957 that I last saw the deceased alive on 11-6, 1957, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>C. D. Hester M.D.</u>	23b. ADDRESS <u>5600 S Compton</u>	23c. DATE SIGNED <u>11-8-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>Nov. 9 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Co. Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kute 2906 Resoria</u>	
DATE REC'D BY LOCAL REG. <u>NOV 8 '57</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	

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

3720 Washington
N.E. 5-9325

Mr. W. J. ...

5605 ...

921-3383

Xel ... PA 1-6080

till 4:30 pm

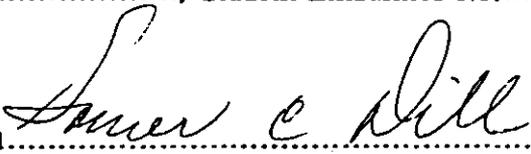
STATEMENT BY LICENSED EMBALMER

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. 4347

P. O. Address 2906 ...

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.