

Health,
& Welfare
Public
Service

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45632
STATE FILE NUMBER
12196
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 2670 3960 N. 20th St.

3. NAME OF DECEASED (Type or print) First Middle Last John (Bogdan) Bogdajewicz			4. DATE OF DEATH Month Day Year 12 18 57	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1892	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Walter Bogdajewicz		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Victoria Bulinski	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes world war #1		16. SOCIAL SECURITY NO. 333-03-0236	17. INFORMANT Address Victoria Bulinski 3960 N. 20th St.	
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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>Cerebro-vascular accident of left hemisphere</u> DUE TO (b) <u>arterio-sclerotic hypertension</u> DUE TO (c) <u>cardio coronary heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>443x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 yr.</u>
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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 Month, Day, Year a.m. p.m.					

20d. INJURY OCCURRED WHILE AT <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	
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21. I attended the deceased from 12/3/57 to 12/18/57 and last saw her alive on 12/18/57
Death occurred at 11:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Sheoperal MD</u>		22b. ADDRESS <u>1901 Madison St</u>		22c. DATE SIGNED <u>12/18/57</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-20-57		23c. NAME OF CEMETERY OR CREMATORY St. Peter's		23d. LOCATION (City, town, or county) (State) Normandy, Mo.	
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24. FUNERAL DIRECTOR ADDRESS ST. LOUIS FUN'L. HOME 2205 St. <u>Lamar</u>		25. DATE RECD. BY LOCAL REG. DEC 19 57		26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u> <u>m JB</u>	
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(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Chas R. Paulson*

Licensed Embalmer No. *4877*

P. O. Address *Sh Lamb*

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.