

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3360

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

225

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3411a Juniata St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle E. Last MURAWSKI			4. DATE OF DEATH Month Day Year Jan. 7 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 24, 1878		9. AGE (in years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Vincent Rybak		13b. MOTHER'S MAIDEN NAME Antonina Dobek		14. NAME OF HUSBAND OR WIFE Late Vincent Murawski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT Joseph A. Murawski 5028 Milentz Ave	
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>Coronary Thrombosis</i> DUE TO (b) <i>Coronary Heart Disease</i> <i>acute thrombo-embolus of left leg</i> DUE TO (c) <i>Recent Fractured Left Os Calcis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>E901.0 21</i>					INTERVAL BETWEEN ONSET AND DEATH <i>none</i> <i>1 week</i> <i>Dec 11-1956</i>
20a. ACCIDENT <input checked="" 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.) <i>Fell off ladder in her home - 12-11-57 - domestic in PM</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>16 Home</i>		20f. CITY, TOWN, OR LOCATION <i>3411a Juniata</i>		COUNTY STATE <i>St. Louis Mo</i>	
21. I attended the deceased from Death occurred at <i>12-11-57 7:15 P.</i>			to <i>1-7-58</i> and last saw her alive on <i>1-7-58</i> him on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>B.H. Rund</i> (Degree or title)		22b. ADDRESS <i>M.D. 5417 So Grand Blvd</i>		22c. DATE SIGNED <i>1-8-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Jan. 10, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Lakewood Park Cem.</i>	
23d. LOCATION (City, town, or county) <i>St. Louis Co. Mo.</i>		23e. (State)		24. FUNERAL DIRECTOR <i>Kriegshauser 4228 S. Kingshighway</i>	
25. DATE RECD. BY LOCAL REG. <i>JAN 8 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>			

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 causally related.

m 8 B.

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 *Richard W. Stover*

Licensed Embalmer No. *4007*

P. O. Address

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.