

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008047
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN CLAYTON Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN OVERLANDO 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 LOUIS Co Hosp Length of stay in 1b 1 da		d. STREET ADDRESS (If outside, give location) 2355 GAEBLER Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARTIN Middle J Last CZARNECKI			4. DATE OF DEATH Month 2 Day 13 Year 1958		
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 Aug 4-1910		9. AGE (In years last birthday) 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPAIRMAN	10b. KIND OF BUSINESS OR INDUSTRY T.V.	11. BIRTHPLACE (City and state or country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME MARTIN CZARNECKE	14. MOTHER'S MAIDEN NAME do NOT KNOW
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 490-03-3170	17. INFORMANT Address EUGENE CZARNECKE ST LOUIS MO
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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) Septic Meningitis, acute		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 340.3	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 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
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21. I attended the deceased from **2-12-1958** to **2-13-1958** and last saw her alive on **2-13-1958**
Death occurred at **6:00 p. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Angelo A. Spens M.D.	22b. ADDRESS 601 S. Brentwood Blvd.	22c. DATE SIGNED 2/13/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-17-58	23c. NAME OF CEMETERY OR CREMATORY CALVARY Cem	23d. LOCATION (City, town, or county) (State) ST LOUIS MO
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24. FUNERAL DIRECTOR ADDRESS ORTMANN F Home OVERLAND MO	25. DATE RECD. BY LOCAL REG. 2-14-58	26. REGISTRAR'S SIGNATURE Berbert R. Donke M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

th. fare lic vice

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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 *Al C Ostmann*.....

Licensed Embalmer No *34*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.