

FILED APR 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014753

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5094 Registrar's No. 45

S. 300
1-57

500
4

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

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY OR TOWN <u>RURAL-MERAMEC</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>RURAL-MERAMEC</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>St. Josephs Hill</u> HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>St. Josephs Hill Infirmary</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>BROTHER</u> Middle <u>FELIX</u> Last <u>KROL</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>8</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>AUGUST 30, 1886</u>
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - RELIGIOUS</u>	11. BIRTH PLACE (City and state or country) <u>4 POLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>PETER KROL</u>	
13b. MOTHER'S MAIDEN NAME <u>SOPHIA GOTFRYD</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>YES POLISH ARMY I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>BROTHER SUPERIOR</u>		Address <u>St. Josephs - EUREKA</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 EDEMA</u> DUE TO (b) <u>CORONARY SCLEROSIS</u> DUE TO (c) <u>4201</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH <u>7</u> WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from <u>4/1/58</u> to <u>4/8/58</u> and last saw him alive on <u>4/8/58</u> Death occurred at <u>4/8/58</u> <u>17:55 A.</u> m on the date stated above; and to the best of my knowledge from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J.S. Marden</u>		22b. ADDRESS <u>St. Josephs Hill Infirmary</u>	
22c. DATE SIGNED <u>4/8/58</u>		23a. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Hill Cemetery</u>	
23b. DATE <u>4/11/58</u>		23d. LOCATION (City, town, or county) (State) <u>EUREKA, Mo.</u>	
24. FUNERAL DIRECTOR <u>BRUNNER</u>		25. DATE RECD. BY LOCAL REG. <u>4-10-58</u>	
26. REGISTERAR'S SIGNATURE <u>House Springs</u>		27. REGISTERAR'S SIGNATURE <u>Robert B. Bauer</u>	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 15 1958

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. 1470
P. O. Address Himal Springs

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.