

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28010-58  
58-016173  
State File No. ....

FILED APR 21 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4083

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY -  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY -   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR <u>St. Louis, Missouri</u><br>TOWN                                   |  | c. CITY OR TOWN <u>St. Louis</u><br>d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place) <u>10 hours</u>   |  | e. STREET ADDRESS (If rural, give location)<br><u>37 5914 Southwest Avenue</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><u>Incarinate Word Hospital</u> |  |  |  |

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|---|--|----------------------------------|--|--|--|--|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br><u>CYNTHIA</u>                                    |  | a. (First)                       |  | b. (Middle) -  |  | c. (Last)<br><u>MATYCHOWIAK</u>  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>4 13 58</u>  |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> |  | 8. DATE OF BIRTH<br><u>4-12-58</u>   |  | 9. AGE (in years last birthday)<br>if UNDER 1 YEAR: Months _____ Days _____<br>if UNDER 10 HRS. Hours _____ Min. _____<br><u>10</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |  |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |

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|--|--|--|--|----------------------------------|--|
| 13a. FATHER'S NAME<br><u>Edmund John Matychowiak</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>Eileen Mahan</u> |  | 14. NAME OF HUSBAND OR WIFE<br>- |  |
|--|--|--|--|----------------------------------|--|

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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)<br><u>No</u> |  | 16. SOCIAL SECURITY NO.<br>- |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Edmund Matychowiak</u> |  | ADDRESS<br><u>5914 Southwest Ave</u> |  |
|---|--|------------------------------|--|---|--|--------------------------------------|--|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>10 hours</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Pleural pneumonia of another</u><br>DUE TO (c) <u>urgent hearing prior to birth</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>761.5</u> |  |  |  |
|--|--|---|--|--|--|

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|---|--|--|--|---|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 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 4-12-, 1958, to 4-13, 1958, that I last saw the deceased alive on 4-12-58, 1958, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

|  |  |                                       |  |                                    |  |
|--|--|---------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE<br><u>J. Schmitz</u><br>(Degree or title) <u>MO</u> |  | 23b. ADDRESS<br><u>2813 W. Watson</u> |  | 23c. DATE SIGNED<br><u>4/13/58</u> |  |
|--|--|---------------------------------------|--|------------------------------------|--|

|   |  |                               |  |   |  |  |  |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u> |  | 24b. DATE<br><u>4-14-1958</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>MT. OLIVE CEMETERY</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS COUNTY, MO</u> |  |
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| DATE REC'D BY LOCAL REG.<br><u>APR 15 58</u> |  | REGISTRAR'S SIGNATURE<br><u>J. Schmitz MO</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Howard Michel</u> |  | ADDRESS<br><u>5930 Southwest</u> |  |
|--|--|---|--|--|--|----------------------------------|--|

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

**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 *Not Embalmed - Howard*  
Licensed Embalmer No.....

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.