

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020493

STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1328

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY ST. LOUIS | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellefontaine Neighbors | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY Bellefontaine Neighbors OR ST. LOUIS 4620 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9248 Filibert Av. 4 yrs | | | | d. STREET ADDRESS (If outside, give location) 9248 Filibert Av. | | | | |
| 3. NAME OF DECEASED (Type or print) Josephine S. Bankowski | | | | 4. DATE OF DEATH May 15 1958 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH July 4 1919 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 11. BIRTHPLACE (City and state or country) Poland | | 12. CITIZEN OF WHAT COUNTRY? USA. | | |
| 13. FATHER'S NAME Joseph Lotucha | | | | 14. MOTHER'S MAIDEN NAME Maryann Bigos | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Frank Bankowski Address 9248 Filibert Av. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause pertinent for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dyspnea, left foot. DUE TO (b) Arteriosclerosis & hypertension years DUE TO (c) Diabetes mellitus 260% over PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Coronary arteriosclerotic heart disease | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 7 mos. | |
| 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 |
| 21. I attended the deceased from Feb. 1950 to May 15, 58 and last saw <u>her</u> alive on Apr 24, 58 . Death occurred at 6:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE Bohler Edw M.D. (Degree or title) | | | | 22b. ADDRESS 508 N. Grand | | 22c. DATE SIGNED May 17 58 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 5-19-58 | | 23c. NAME OF CEMETERY OR CREMATORY Calvary | | 23d. LOCATION (City, town, or county) St. Louis (State) Mo. | | |
| 24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD. ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. 5-17-58 | | 26. REGISTRAR'S SIGNATURE Herbert P. Dornke M.D. | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Laurence O. Geddes*.....

Licensed Embalmer No. *444*.....

P. O. Address *St. Louis*.....

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.