t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027112
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7242

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 16 Mo. Baptist Hosp. — Length of stay in 1b 2-mo-10da. 215

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 4734 So. Grand — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Frank Middle C. Last Kaminski

4. DATE OF DEATH Month July Day 22, Year 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Mar. 22,1877

9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (City and state or country) Poland 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Sophia Novak Kaminski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Sophia Kaminski - Address 4734 So. Grand

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH 1/2 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocardial Infartions - Multiple — 1 to 5 yrs.

DUE TO (c) Arteriosclerotic Heart Disease c̄ Hypertension — 5 to 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cardiac Decompensation - Cerebral Arteriosclerosis
Aneurism Aorta-Abdominal-Calcification Aorta-Pulmonary Congestion

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.0

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 April 2, 1958, to July 22, 1958 and last saw her/him alive on July 22, 1958
Death occurred at 12:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John V Lawrence MD

22b. ADDRESS 3720 Washington Ave St. L. Mo.

22c. DATE SIGNED 7-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE July 25,1958

23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery

23d. LOCATION (City, town, or county) (State) St.Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG. JUL 25 '58

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

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.

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. 267

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.