

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027244
State File No.

7106
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 38' HOSPITAL OR INSTITUTION ENROUTE: CITY-HOSPITAL #1.9 2129			STREET ADDRESS (If rural, give location) 2112 1/2 BLAIR - AV.		
3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPH - WILLIAM - MICHALAK	b. (Middle)	c. (Last) 8	4. DATE OF DEATH (Month) (Day) (Year) JULY - 16TH 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER - MARRIED	8. DATE OF BIRTH MAR. 17TH 1925	9. AGE (In years last birthday) Months Days Hours Min. 33 YRS.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUNCH-PRESS-OPERATOR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUNCH-PRESS-OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY GUTH-ELECTRIC-CO.	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME STANISLAW-MICHALAK		13b. MOTHER'S MAIDEN NAME ANTOINETTE - ORZEL	14. NAME OF HUSBAND OR WIFE NEVER - MARRIED		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1/18/1949 TO - 10/11/1949		16. SOCIAL SECURITY NO. 490-22-2276	17. INFORMANT'S SIGNATURE OR NAME ADDRESS STELLA-McGHAY - 160 - ST. LUKE - DRIVE		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema (History of Epilepsy) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 527.2			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p. m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Joseph M. Smith</i>		(Degree or title)	23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/18/58
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY-19-1958	24c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS - MO.		
DATE REC'D BY LOCAL JUL 18 1958		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Und. Co. 1827-HOGAN-ST.		

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 *John Haines*

Licensed Embalmer No. *410*

P. O. Address *St. Louis*

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.