

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027318

STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7129**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>St Louis Mo</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>St Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo Baptist</b>   |  | Length of stay in 1b <b>7 26 9</b> STREET ADDRESS (If outside, give location) <b>1446 C Monroe Str.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Pawlyk</b> Last <b>Pawlyk</b>   |  |   | 4. DATE OF DEATH Month <b>7</b> Day <b>17</b> Year <b>58</b>         |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <b>2</b> DIVORCED <input type="checkbox"/>               | 8. DATE OF BIRTH <b>Oct 22-93</b>                                    |
| 9. AGE (In years last birthday) <b>64</b>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>   |  |
| 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country) <b>Austra</b>  | 12. CITIZEN OF WHAT COUNTRY? <b>?</b>                                |
| 13. FATHER'S NAME <b>Hary Panchak</b>   |  | 14. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>##</b>  |  | 16. SOCIAL SECURITY NO. <b>NONE</b>   | 17. INFORMANT Address <b>Rosele Hammer 942 Harlan ave.</b>           |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>FAILURE of liver due to CARCINOMA PRIMARY OR METASTATIC (CLINICAL DIAGNOSIS)</b>                          |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>                        |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>?</b> DUE TO (c) <b>?</b>  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>1561</b>   |  |   |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>   |  |   |  |
| 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.) <b>1561</b> |   |  |
| 20c. TIME OF INJURY Hour <b>?</b> Month <b>?</b> Day <b>?</b> Year <b>?</b> a. m. <b>?</b> p. m. <b>?</b>   |  |   |  |
| 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 <b>MAY 29, 58</b> to <b>July 17, 58</b> and last saw her alive on <b>July 17, 58</b><br>Death occurred at <b>11:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Degree or title) <b>Walter M. Freeman MD</b>  |  | 22b. ADDRESS <b>ST. Louis 8 Mo.</b>   | 22c. DATE SIGNED <b>7/18/58</b>                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 23b. DATE <b>7/21/58</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cemetery</b>  | 23d. LOCATION (City, town, or county) (State) <b>St Louis County</b> |
| 24. FUNERAL DIRECTOR ADDRESS <b>JOHN STYGAR 5541 Riverview Blvd</b>   |  | 25. DATE RECD. BY LOCAL REG. <b>JUL 19 58</b>   | 26. REGISTRAR'S SIGNATURE <b>Earl Smith - MD</b>                     |

4574 Kingbury  
Fb 13116

VS FEB 1 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J.M. Pister*.....

Licensed Embalmer No. 398

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.