Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027355
STATE FILE NUMBER

FILED JUL 18 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6822

1. PLACE OF DEATH
a. COUNTY

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

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS Mo — Inside Limits Yes ☐ No ☐

c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 3706 MICHIGAN — Length of stay in 1b

d. STREET ADDRESS (If outside, give location) 2169 3706 MICHIGAN — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FRANCES Middle WOSMANSKY Last RAKOVAN

4. DATE OF DEATH Month JULY Day 6 Year 1958

5. SEX Female

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH MAR. 9 1875

9. AGE (In years last birthday) 83 — 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) WIDOW

10b. KIND OF BUSINESS OR INDUSTRY AT Home

11. BIRTHPLACE (City and state or country) BOHEMIA 8

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME KOCHOVSKY

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE UNKNOWN

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

16. SOCIAL SECURITY NO. None

17. INFORMANT Address ALICE McKENNA 3706 MICHIGAN

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Cardiac Dilatation	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Widespread Myocarditis	3 yrs.
DUE TO (c)	Auricular Fibrillation 433.1	28 mos.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephritis Glomerular - Senility

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT SUICIDE HOMICIDE ☐ None

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

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ None

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 Nov. 10-1951, to July 6-1958 and last saw her/him alive on July 5-1958
Death occurred at 10:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jno Czlonbek Jr. MD

22b. ADDRESS 2767 Gravois Ak

22c. DATE SIGNED 7-8-58

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

23b. DATE JULY 9 1958

23c. NAME OF CEMETERY OR CREMATORY New Picker Cem.

23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

24. FUNERAL DIRECTOR Thomas Kutes ADDRESS 2906 Gravois

25. DATE RECD. BY LOCAL REG. JUL 8 '58

26. REGISTRAR'S SIGNATURE J Earl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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 ..... Signed James C. Dill
Signature of Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Sha

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.