

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027444
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7316

5. 300
1-57

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|---|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp. | | d. STREET ADDRESS (If outside, give location) 3201 Pulaski St. | |
| Length of stay in lb 9/15/58 | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last WLADYSLAWA UCINSKI SITARSKI | | | 4. DATE OF DEATH Month Day Year July 24 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 Sep. 24, 1876 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 9b. KIND OF BUSINESS OR INDUSTRY At Home | 9c. AGE (In years less birthday) 81 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 10c. AGE (In years less birthday) 81 |
| 11. BIRTHPLACE (City and state or country) Poland | | 12. CITIZEN OF WHAT COUNTRY? Poland | |
| 13a. FATHER'S NAME Bogunil Geryng | | 13b. MOTHER'S MAIDEN NAME Lucille Unknown | |
| 14. NAME OF HUSBAND OR WIFE Roch Sitarski | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown) (If yes, give dates of service) No None | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT Address Felicia Butz 1146a Edward Terrace | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i> DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>420.0</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 <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 Death occurred at <i>Jan 1932</i> to <i>7-24-58</i> and last saw her alive on <i>7-24-58</i> at <i>10:00 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Joseph B. Caney MD</i> | | 22b. ADDRESS <i>906 Olive St</i> | |
| 22c. DATE SIGNED <i>7-25-58</i> | | 22d. DATE SIGNED | |
| 23a. BURIAL REMOVAL (Specify) Burial | | 23b. DATE July 28, 1958 | |
| 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. JUL 25 58 | |
| 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Richard W. Storvick*

Licensed Embalmer No. *4007*

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.