

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034487

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8854

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|---------------------------|---|--|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2326 Virginia | | Length of stay in 1b 2/79 | d. STREET ADDRESS (If outside, give location) 2326 Virginia |
| 3. NAME OF DECEASED (Type or print) First Middle Last Mary Mackiewicz | | 4. DATE OF DEATH Month Day Year 9 12 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 Nov 27 1888 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 9b. KIND OF BUSINESS OR INDUSTRY Home | 9c. AGE (In years last birthday) 69 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 10c. BIRTHPLACE (City and state or country) Poland 4 |
| 11. BIRTHPLACE (City and state or country) Poland 4 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Matthew Matusewich | | 13b. MOTHER'S MAIDEN NAME Barbara | 14. NAME OF HUSBAND OR WIFE Unknown Paul Mackiewicz |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Paul Mackiewicz 2326 Virginia |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u> DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>443x</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>4 yr.</u> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>9/27 54</u> to <u>9/12 58</u> and last saw her/him alive on <u>8/11 58</u> Death occurred at <u>5:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>L. R. Wentzel</u> (Degree or title) <u>MD</u> | | 22b. ADDRESS <u>3012 Lafayette</u> | 22c. DATE SIGNED <u>9/13 58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Sep 15 1958 | 23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul | 23d. LOCATION (City, town, or county) (State) St. Louis Mo |
| 24. FUNERAL DIRECTOR ADDRESS E. J. SCHNUR - 3125 LAFAYETTE | | 25. DATE RECD. BY LOCAL REG. SEP 15 '58 | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> |

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 *Thomas R. Jewick*

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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.