Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034767
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8482

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Length of stay in Ib
04

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8624 Old Bonhomme — Reside on Farm: Yes [ ] No [X]
27

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3. NAME OF DECEASED (Type or print): First: ALICIA — Middle: M. — Last: TOMCZAK

4. DATE OF DEATH: Month: SEPTEMBER — Day: 1 — Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Jan. 6, 1935

9. AGE (In years last birthday): 23 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Grand Rapids, Michigan

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alex Tawloski

13b. MOTHER'S MAIDEN NAME: Nellie Jabinski

14. NAME OF HUSBAND OR WIFE: Jack Tomczak

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

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Jack Tomczak, Address: 8624 Old Bonhomme, Rd.

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Renal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Lupus Erythematosus — 3 months
DUE TO (c) 705.4
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 8/16/58, to 9/1/58 and last saw her/him alive on 9/1/58
Death occurred at 6:45 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F R Bradley (Degree or title): M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 9/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-2-58
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Grand Rapids, Michigan

24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: SEP 2 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Lawrence O. Gerling

Signature of Student Embalmer

Licensed Embalmer No. 4979

P. O. Address St. Louis, Mo.

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.