

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041935

STATE FILE NUMBER

10952

FILED DEC 1 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1600 N. 17th St.		Length of stay in 1b	d. STREET ADDRESS 1600 N. 17th St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John J. Marczewski			4. DATE OF DEATH Month Day Year Nov. 12 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11 - '88		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Body Builder		10b. KIND OF BUSINESS OR INDUSTRY Anheuser Busch	11. BIRTH PLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Basil Marczewski			14. MOTHER'S MAIDEN NAME Agatha Ignaczak		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 488-28-4868	17. INFORMANT Address Ann Power, 1600 No. 17th Street		
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>arteriosclerosis heart disease in facture</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>42001</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Bronchial asthma. Serotel hernia pt. side</i> INTERVAL BETWEEN ONSET AND DEATH <i>8 months</i>					
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 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 <i>May 4, 1958</i> to <i>November 12, 58</i> and last saw her alive on <i>11.12.58</i> Death occurred at <i>3.10 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>V. J. Gymborny M.D.</i>			22b. ADDRESS <i>1126 St. Louis Ave</i>		22c. DATE SIGNED <i>11.14.58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/15/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvaru Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.</i>			25. DATE RECD. BY LOCAL REG. <i>NOV 14 '58</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D. S.P.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *M. R. Rist*

Licensed Embalmer No. 39

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.