

Health,  
Welfare  
Public  
Service

300  
1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045929  
STATE FILE NUMBER  
12361

XC-20 722 962  
SL-18001

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 ILLINOIS b. COUNTY ST. CLAIR	
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 E. ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.		Length of stay in lb 77 DAYS	d. STREET ADDRESS (If outside, give location) 725 NO. SEVENTH ST.

3. NAME OF DECEASED (Type or print) First Middle Last FRANK T. KONOPKA			4. DATE OF DEATH Month Day Year 12/19/58		
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5. SEX MALE	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 12/8/15	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER	10b. KIND OF BUSINESS OR INDUSTRY TAVERN	11. BIRTHPLACE (City and state or country) E. ST. LOUIS, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WALLAW KONOPKA	13b. MOTHER'S MAIDEN NAME MARY SZYWALSKI	14. NAME OF HUSBAND OR WIFE FRANCIS KONOPKA
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II	16. SOCIAL SECURITY NO. 850-03-3643	17. INFORMANT VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST		INTERVAL BETWEEN ONSET AND DEATH 30 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) RHEUMATIC HEART DISEASE 4/6X	YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CIRRHOSIS OF THE LIVER		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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
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21. I attended the deceased from 10/3/58 to 12/19/58 and last saw him alive on 12/19/58  
Death occurred at 3:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. L. THOMAS (Degree of life) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 12/19/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-20-58	23c. NAME OF CEMETERY OR CREMATORY St ADALBERTS	23d. LOCATION (City, town, or county) (State) CANTEEN TOWNSHIP, ILL.
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24. FUNERAL DIRECTOR John A. Gonski ADDRESS East St. Louis	25. DATE RECD. BY LOCAL REG. DEC 22 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

*Not Embalmed*

Student .....  
Signature of Student Embalmer

Signed *John A. Goussh* .....  
Licensed Embalmer No. *3398* .....

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.