

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003358
2-655

REG FEB 10 1959 Registration District No. _____ Primary Registration District No. _____ 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		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		d. STREET ADDRESS (If outside, give location) 4323 Lee Ave.	
3. NAME OF DECEASED (Type or print) First Robert Middle S Last Paczkowski		4. DATE OF DEATH Month January Day 19 Year 1959	
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 March 8, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cobbler		10b. KIND OF BUSINESS OR INDUSTRY Hamilton Shoe Co.	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Robert Paczkowski		14. MOTHER'S MAIDEN NAME Mary Kozemski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT Mrs. Robert Paczkowski		Address 4323 Lee Ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of skull Subdural Hemorrhage DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I Suffered when struck by car operated by party of the vicinity of Adams and Lee Ave. on January 19, 1959 about 6:30 am.			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, school, office bldg., etc.) Street	
20c. TIME OF INJURY Hour 6:30 a. m. Month, Day, Year 1 19 59		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, school, office bldg., etc.) Street	
20e. CITY, TOWN, OR LOCATION St. Louis Mo		20f. STATE Mo	
21. I attended the deceased from 6:45 AM to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick J. Taylor Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 1-20-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/22/1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Morrell Mortuary		25. DATE REGD. BY LOCAL REG. JAN 20 59	
ADDRESS 3710 North Grand		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
DECEASED IN OR MUST BE CONSCIOUSLY DECEASED. Coroner cannot certify to a death due to natural causes.

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 *Loren E. Percy*.....
Licensed Embalmer No. *46*.....
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.