Health, Welfare Public Service

XC 7633601
SL 5298

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007823
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 753

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 915 N GRAND ST LOUIS MO — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL — Length of stay in 1b: 63 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS
b. COUNTY: ST CLAIR
c. CITY OR TOWN: EAST ST LOUIS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2018 N 51ST — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ANDREW — Middle: J. — Last: ZAGORSKI

4. DATE OF DEATH: Month: JAN — Day: 22 — Year: 1959

5. SEX: MALE C

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: 10/16/89

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired): BUTCHER

10b. KIND OF BUSINESS OR INDUSTRY: CIRCLE PKG. Co

11. BIRTHPLACE (City and state or country): POLAND 4

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOSEPH ZAGORSKI

13b. MOTHER'S MAIDEN NAME: MARY (UNKNOWN)

14. NAME OF HUSBAND OR WIFE: HARRIET ZAGORSKI

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

16. SOCIAL SECURITY NO.: 348050830

17. INFORMANT: VA HOSP RECORDS 915 N GRAND ST LOUIS MO — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		Interval between onset and death
IMMEDIATE CAUSE (a)	HEART FAILURE	5 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	-
DUE TO (c)	- - - 420.0	-

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/VA attended the deceased from 11/20/58, to 1/22/59 and last saw him alive on 1/22/59. Death occurred at 3:40 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Cornelius J. O'Connor M.D.

22b. ADDRESS: VAH, ST LOUIS MISSOURI

22c. DATE SIGNED: 1/22/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 1-26-59

23c. NAME OF CEMETERY OR CREMATORY: CORNELIUS J. O'CONNOR, M.D. NATIONAL

23d. LOCATION (City, town, or county) (State): JEFFERSON BKS. MO.

24. FUNERAL DIRECTOR: John J Kassly — ADDRESS: E St. Louis Ill.

25. DATE REC'D BY LOCAL REG.: JAN 22 '59

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Kasaly

Licensed Embalmer No. 7541

P. O. Address E. St. Louis

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.