

XC-308 922  
SL 7331

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011285  
STATE FILE NUMBER  
2 2262  
Registrar No.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

300  
-57  
4  
5  
+0  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE MISSOURI b. COUNTY SAINT FRANCOIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BONNE TERRE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in lb 26 days		d. STREET ADDRESS ROUTE #2	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last JOHN PORZEINSKI			4. DATE OF DEATH Month Day Year MARCH 3, 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 6/14/93	9. AGE (In years last birthday) 65
				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) TAILOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) POLAND	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLIE PORZEINSKI		13b. MOTHER'S MAIDEN NAME MATTIE KOSE		14. NAME OF HUSBAND OR WIFE JOSEPHINE PORZEINSKI	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES		16. SOCIAL SECURITY NO. 496-10-2355	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF PROSTATE WITH GENERALIZED METASTASIS					INTERVAL BETWEEN ONSET AND DEATH 6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 _____ to _____ and last saw him alive on _____ Death occurred at 6:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. T. SNOGDON		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 3/3/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/4/59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Bks, Mo.		
24. FUNERAL DIRECTOR John Skjgae & Son		ADDRESS 5341 Riverview	25. DATE RECD. BY LOCAL REG. MAR 5 '59	REGISTRAR'S SIGNATURE Road Smith, M.D.	

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *J. W. Rister* .....

Licensed Embalmer No. *3980* .....  
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.