Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019660
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. ..... Primary Registration District No. ..... Register's No. 2,5166

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri — Inside Limits Yes ☐ No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hosp. — Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri — b. COUNTY c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐ d. STREET ADDRESS: 7301 So. Broadway (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Alberta	Dorothy	Stasiak	May	27,	1959

5. SEX	6. COLOR OR RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months, Days	IF UNDER 24 HRS.: Hours, Min.
Female	White		June 1, 1929	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	St. Louis, Missouri	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Konetzka	Alexandria Banach

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
No			Michael Stasiak	7301 So. Broadway

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBELLAR SARCOMA — INTERVAL BETWEEN ONSET AND DEATH: 4 MOS
(MALIGNANT BRAIN TUMOR)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) (Malignant brain tumor)
DUE TO (c) 193.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
MENINGIOMA EMBEDDED IN LEFT FRONTAL LOBE
meningioma embedded in left frontal lobe

19. WAS AUTOPSY PERFORMED? YES ☒ 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 attended the deceased from 5/7/59 to MAY 27 1959 and last saw her/him alive on MAY 27, 1959
Death occurred at 7:15 7:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edwin H. Schmidt (Degree or title) M.D. — Edwin H. Schmidt M.D.
22b. ADDRESS 1300 Grant Rd. Webster — 1300 GRANT RD. WEBSTER GROVES
22c. DATE SIGNED 5-27-59 — 5/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 30, 1959
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) St. Louis Co. (State) Missouri

24. FUNERAL DIRECTOR JOHN STYGAR & SON — ADDRESS 5541 RIVERVIEW BLVD.
25. DATE RECD. BY LOCAL REG. MAY 29 '59
26. REGISTRAR'S SIGNATURE Noel Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

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

Licensed Embalmer No. 39

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.