RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030328

STATE FILE NUMBER

FILED VS SEP 9 1959

Registration District No. _____ Primary Registration District No. 2 7758 Registrar's No. _____

DED

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b: 1 wk.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Barnes Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill — b. COUNTY: St Clair
c. CITY OR TOWN: Collinsville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 515 Clarence St. Pk. Pl. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Pius — Middle Czyzykowski — Last
4. DATE OF DEATH: Month August — Day 20 — Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 12/12/89
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal
11. BIRTHPLACE (City and state or country): Lithuania
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 236-03-2983
17. INFORMANT: X Mrs Melvin Spuckelmeyer — 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): Surgical Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Terminal Ileitis
DUE TO (c): Chronic Hypertrophic Myocarditis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a): Terminal Pneumonia (bilateral)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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): Surgical while undergoing operation (intestinal obstruction), at Barnes Hospital on August 20 1959.
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 8 20 59
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.): Hosp.
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: Mo — STATE

21. I attended the deceased from 1000 P. to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Deputy Coroner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 8/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/23/59
23c. NAME OF CEMETERY OR CREMATORY: St John Cemetery
23d. LOCATION (City, town, or county) (State): Collinsville Ill

24. FUNERAL DIRECTOR: Herr Funeral Home — ADDRESS: Collinsville Illinois
25. DATE RECD. BY LOCAL REG.: AUG 21 '59
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D. (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3577

P. O. Address Collinsville

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