

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis Mo</i>		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Baptist Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>5830 Saloma</i>	

3. NAME OF DECEASED (Type or print) First <i>Frances</i> Middle <i>Laskowski</i> Last			4. DATE OF DEATH Month <i>Aug</i> Day <i>14</i> Year <i>59</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct 2 - 1878 - 80</i>	9. AGE (last birthday) <i>80</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (City and state or country) <i>Poland</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>					

13a. FATHER'S NAME <i>Martin Kozarszek</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Ann</i>		14. NAME OF HUSBAND OR WIFE <i>Joseph 5830 Saloma</i>	
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. <i>-</i>		17. INFORMANT <i>Joseph Laskowski</i> 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) <i>Cerebral Thrombosis</i>			<i>1 day</i>
DUE TO (b) <i>arterio-sclerotic Heart Disease</i>			<i>15 yrs</i>
DUE TO (c) <i>Nephrosclerosis 420.0</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female there a pregnancy in last 90 days.
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.) <i>no injury</i>
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 *June 3 1959* to *Aug 14 1959* and last saw her *alive* on *Aug 14 1959*
 Death occurred at _____ m of the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>C.R. McAdam M.D.</i>		22b. ADDRESS <i>806 Olive St. Louis 11 Mo</i>		22c. DATE SIGNED <i>8-15-59</i>
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8/18/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town or county) (State) <i>St Louis Mo</i>	

24. FUNERAL DIRECTOR <i>John (Stigga) + Sons 5641 Riverside</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 15 59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>
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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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. H. Foster*

Licensed Embalmer No. 3940

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.