FRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032844

STATE FILE NUMBER

FILED VS SEP 24 1959

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JOACHIM TOWNSHIP — Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: JEFF. MEMORIAL HOSP. — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JEFFERSON
c. CITY OR TOWN: FESTUS, MO. — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R.R. #1, — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First JOSEPH Middle J. Last KONOPKA
4. DATE OF DEATH: Month SEPT. Day 19 Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: FEB. 27, 1908
9. AGE (last birthday): 52 yrs
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): LABOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): EAST ST. LOUIS ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: THOMAS KONOPKA
13b. MOTHER'S MAIDEN NAME: ANNA WALCZAK
14. NAME OF [redacted]ND OR WIFE: DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 327-03-3421
17. INFORMANT: FRANK KONOPKA, Address 3137 DAVIS GRANITE CITY ILL.

MEDICAL CERTIFICATION

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)	Myocardial Infarction	2/8/57
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive Heart disease	2/8/57
DUE TO (c)	Rheumatoid Spondilitis	unk.

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 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.)
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 2/8/57, to 9/18/59 and last saw her/him alive on 9/18/59
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harry Goskitt M.D. (Degree or title)
22b. ADDRESS: Festus Mo
22c. DATE SIGNED: 9/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 9-23-59
23c. NAME OF CEMETERY OR CR[redacted]RY: ST. ADALBERTS
23d. LOCATION (City, town, or county) (State): EAST ST. LOUIS ILL.

24. FUNERAL DIRECTOR ADDRESS: LANEY FUNL HOME, MADISON, ILL.
25. DATE RECD. BY LOCAL REG.: 9-21-59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 5 1959

OCT 22 1959

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 James Richard Cady

Licensed Embalmer No. 4309

P. O. Address Crystal City

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