

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033992

FILED VS SEP 20 1959

Primary Registration District No. _____ Registrar's No. **2 8576**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b LIFE	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4453-WEST-PINE-BL.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANTHONY Middle J. Last KOWALSKI			4. DATE OF DEATH Month SEPTEMBER Day 15 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-31-1890	9. AGE (last birthday) 69 YRS.	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY-UPHOLSTERER		10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED	11. BIRTHPLACE (City and state or country) ST. LOUIS - MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME PAUL-KOWALSKI		13b. MOTHER'S MAIDEN NAME JOHANNA-WISNIEWSKA		14. NAME OF HUSBAND OR WIFE LAURA-KOWALSKI (DECD.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address ROSE-SAMSON - 1801 1/2 NO. MARKET-ST.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction with Pulmonary Edema					INTERVAL BETWEEN ONSET AND DEATH 36 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coronary Arteriosclerosis		DUE TO (c) 420.1		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 1947 to 9/15/59 and last saw him alive on 9/15/59 Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) C. C. Vermillion, M.D.		22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 9/16/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEP. 18TH 1959	23c. NAME OF CEMETERY OR CREMATORY CALVARY-CEMETERY	23d. LOCATION (City, town, or county) ST. LOUIS	23e. STATE MO.		
24. FUNERAL DIRECTOR Brockland Und.Co. 1827-HOGAN-ST.		ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 17 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

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 me
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Haund

Licensed Embalmer No. 4108

P. O. Address St Louis

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.