

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 0 1959

59-040702

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If inside corporate limits, give TOWNSHIP only) OR TOWN <i>Ellisboro</i>		Length of stay in 1b	c. CITY OR TOWN <i>University City</i> Inside Limits <input type="checkbox"/> No <input type="checkbox"/>
f. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR NURSING HOME <i>6347 Grove Nursing Home</i> Inside Limits <input type="checkbox"/>		d. STREET ADDRESS (If outside city location) <i>6347 Waterman</i> Reside on Farm <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Louis</i> Middle <i>Kosf</i> Last <i>macher</i>		4. DATE OF DEATH <i>Nov. 21 1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 3 1873</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <i>retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>87</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <i>Charles Jaworsky</i>		11b. BIRTHPLACE (City and state or country) <i>St. Louis U.S.A.</i>	
13c. MOTHER'S MAIDEN NAME <i>Barbara Sachelm</i>		14. NAME OF HUSBAND OR WIFE <i>William</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>none</i>	17. INFORMANT <i>Wm C. Kosfmacher Waterman</i> Address <i>6347</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>broncho - Pneumonia</i> DUE TO (b) <i>Fractured Right Hip</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i> <i>unknown</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 was 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.)	
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 <i>11-10-59</i> to <i>11-15-59</i> and last saw her <i>live</i> on <i>11-15-59</i> Death occurred at <i>11-21-59 2:30 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert D Sanders M.D.</i>		22b. ADDRESS <i>1502 Cass Av. St Louis</i>	22c. DATE SIGNED <i>11-21-59</i>
23a. BURIAL, CREMATION OR OTHER DISPOSAL <i>Reburied</i>	23b. DATE <i>11-23-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
24. FUNERAL DIRECTOR <i>Chas. J. Smart</i> ADDRESS <i>1225 Union</i>	25. DATE RECD. BY LOCAL REG. <i>11-23-59</i>	26. REGISTRAR'S SIGNATURE <i>Alta Durbin</i>	

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 Elton H. Remelua

Licensed Embalmer No. 42183

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.