

UNRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042513

FILED VS NOV 30 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's **210726**

ENDED

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If outside, give location) 4121 Blow St. | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First EDWARD Middle J. Last SIKORSKI | | | 4. DATE OF DEATH Month Nov. Day 19 Year 1959 | | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-1-1904 | 9. AGE (last birthday) 55 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Operator-Monsanto Chemical Co. | 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo. | 11. BIRTHPLACE (City and state or country) U.S.A. | 12. CITIZEN OF WHAT COUNTRY |
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| 13a. FATHER'S NAME Frank Sikorski | 13b. MOTHER'S MAIDEN NAME Peliga Chacenski | 14. NAME OF HUSBAND OR WIFE Marie A. Sikorski |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. 492-01-6658 | 17. INFORMANT Marie A. Sikorski 4121 Blow St. |
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| 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 10 min. |
| IMMEDIATE CAUSE (a) Acute coronary heart disease - | | |
| DUE TO (b) St. coronary occlusion | | |
| DUE TO (c) 420.1 | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) | 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 |
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| 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.) |
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|---|--|--|------------------------------|--------|-------|
| 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 |
|---|--|--|------------------------------|--------|-------|

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| 21. I attended the deceased from 10/22/59 to 11/19/59 and last saw her alive on 11/19/59 . Death occurred at 10:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
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|--------------------------------------|-------------------|--------------------------------------|-------------------------------------|
| 22a. SIGNATURE <i>Paul P. ...</i> | (Degree or title) | 22b. ADDRESS 5203 Chippewa | 22c. DATE SIGNED 11/20/59 |
|--------------------------------------|-------------------|--------------------------------------|-------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 23, 1959 | 23c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem. | 23d. LOCATION (City, town, or county) St. Louis, Mo. |
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| 24. FUNERAL DIRECTOR Kriegshauser 4228 S.Kingshighway | ADDRESS | 25. DATE RECD. BY LOCAL REG. NOV 20 1959 | 26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mjc

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 So King

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.