

INDEXED

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	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 3606 Connecticut St.	

3. NAME OF DECEASED (Type or print) First PAUL Middle MARCZEWSKI Last			4. DATE OF DEATH Month Aug. Day 8 Year 1960			
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 3-9-1887	9. AGE (last birthday) 73	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) Proprietor-Shoe Repair Business		10b. KIND OF BUSINESS OR INDUSTRY Business		11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Marczewski		13b. MOTHER'S MAIDEN NAME Barbara Unknown		14. NAME OF HUSBAND OR WIFE Tillie Marczewski		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO.	17. INFORMANT Address Frances Wilner 5033 Murdoch Ave.
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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: IMMEDIATE CAUSE (a) <i>Compound fractured ribs right side producing large hemihyph & retroperitoneal hemorrhage through posterior wall side of ruptured iliac vessel; Compound comminuted fracture of right leg suffered when struck by car operated by one Arthur Brodowski in the vicinity of 4800 Chippewa about 9:00 PM</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Compound comminuted fracture of right leg suffered when struck by car operated by one Arthur Brodowski in the vicinity of 4800 Chippewa about 9:00 PM</i>		
DUE TO (c) <i>the vicinity of 4800 Chippewa about 9:00 PM</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>m Aug 8, 1960 - Accident</i>		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 checked="" 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>(See above)</i>
20c. TIME OF INJURY Hour 9:00 p.m. Month, Day, Year 8-8-60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>15 street</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis, Missouri</i>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>11:35 P.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Coroner</i>		22b. ADDRESS <i>1300 Clark Ave</i>	22c. DATE SIGNED <i>8-10-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Aug. 12, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Kriegshausen 4228 S. Kingshighway Blvd.</i>		25. DATE RECD. BY LOCAL REG <i>AUG 10 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 2 1960

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 R. W. Stoverson

Licensed Embalmer No. 4007

P. O. Address St. Louis

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