

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-50-044784

FILED VS DEC 1 1960

317

Primary Registration District No. 500

Registrar's No. 3365

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch, Mo		Length of stay in 1b 10 days	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1614 N. 19th
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Alexander Wyszowski	4. DATE OF DEATH Month Day Year 11 - 18 - 1960
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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 3-13-82	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Tony WYSKOWSKI	13b. MOTHER'S MAIDEN NAME ?? ??	14. NAME OF HUSBAND OR WIFE Frances
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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. ??	17. INFORMANT Address Medical Record Koch Hospital
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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) Acute Coronary Thrombosis? DUE TO (b) Arteriosclerotic Heart Disease and or DUE TO (c) Fracture of Left Tibia and Fibula		INTERVAL BETWEEN ONSET AND DEATH 3 years 1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>11-18-60</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 type="checkbox"/> NO <input checked="" 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.) Pt fell from roof on 10-27-60
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20c. TIME OF INJURY Hour Month, Day, Year 10-27-60	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.) Home?	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Mo
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21. I attended the deceased from 11-8-60 to 11-18-60 and last saw him alive on 11-18-60 Death occurred at 11:15 A.M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Howard Howell M.D.	22b. ADDRESS Koch Hospital, Koch, Mo	22c. DATE SIGNED 11-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-21-60	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR ADDRESS ST. LOUIS FUNERAL HOME 2205 St. Louis Ave.	25. DATE RECD. BY LOCAL REG. 11-18-60	26. REGISTRAR'S SIGNATURE <i>John C. Ampley M.D.</i>
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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 Harry E. Monroe

Licensed Embalmer No. 4493

P.O. Address St. Louis, Mo.

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