

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004117

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED VS FEB 14 1961

Registration District No. 317 Primary Registration District No. 510 Registrar's No. 411

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pagedale Length of stay-in 1 yr.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1254 Delaware Avenue Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY St. Louis
 c. CITY OR TOWN Pagedale Inside Limits Yes No
 d. STREET ADDRESS 1254 Delaware Avenue (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Ferdinand Charles Dzenegolewski
 4. DATE OF DEATH Month Day Year February 7, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 11/4/1887 9. AGE (last birthday) 73 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Retired 2 years 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles F. Dzenegolewski 13b. MOTHER'S MAIDEN NAME Novene Gillespie 14. NAME OF HUSBAND OR WIFE Minnie Dzenegolewski

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. none 17. INFORMANT Mrs Minnie Dzenegolewski 1254 Delaware Ave Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Probably myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 2-7-61
 DUE TO (b) Adenocarcinoma Prostate (Surgery May 1957) 4-25-57
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 February 26, 1948 to February 7, 1961 and last saw ^{her} him live on February 6, 1961
 Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. Fred W. Clark M.D. 22b. ADDRESS 864 Hamilton Blvd. St. Louis 12 Mo 22c. DATE SIGNED 2-9-61

23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial 23b. DATE Feb 10, 1961 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo

24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave 25. DATE RECD. BY LOCAL REG. 2-9-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

