

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006214
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 53

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED VS. MAR 9 1961

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles Length of stay in lb
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 901 Blackberry Lane Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Charles
c. CITY OR TOWN St. Charles Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 901 Blackberry Lane Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Frank Middle F. Last Lewandowski
4. DATE OF DEATH Month Feb. Day 25 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH Jul. 4, 1890 9. AGE (last birthday) 70 IF UNDER 1 YEAR Months 7 Days 21 IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME John Lewandowski 13b. MOTHER'S MAIDEN NAME Frances Streszewski 14. NAME OF HUSBAND OR WIFE Rose Canatsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mo. Mrs. Rose Lewandowski, St. Charles

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 myocardial infarct
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary arteriosclerosis
DUE TO (c) _____
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 _____ a.m. _____ p.m. Month, Day, Year _____

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 1-10-51 to 2-25-61 and last saw ^{her}him alive on 2-25-61
Death occurred at 11:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George E. Auster MD (Degree or title) 22b. ADDRESS St Charles, Mo 22c. DATE SIGNED 2-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Mar. 1, 1961 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles, Mo. ADDRESS Mo. 25. DATE RECD. BY LOCAL REG. Feb 28, 1961 26. REGISTRAR'S SIGNATURE Marcella Wilson

MAR 24 1961

JUN 25 1962

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 James R. Amalson

Licensed Embalmer No. 836

P. O. Address J. Chandler

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.