

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -761-015373

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3539 STATE FILE NUMBER

FILED APR 24 1961

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo. 1.</u> | | Length of stay in 1b | c. CITY OR TOWN <u>St. Louis</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5117 Wicklow Pl.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>5117 Wicklow Bl.</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>J.</u> Last <u>Lewandowski,</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>12,</u> Year <u>1961</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/22/1885</u> | 9. AGE (last birthday) <u>75</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Century Electric Co.</u> | 11. BIRTHPLACE (City and state or country) <u>Warsaw, Poland</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Constance F. Lewandowski</u> | |

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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) <u>No</u> | 17. INFORMANT Address <u>Constance F. Lewandowski, 5117 Wicklow Pl.</u> |
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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) <u>Cirrhosis hepatic</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 mos</u> |
| DUE TO (b) _____ | | |
| DUE TO (c) <u>581.0</u> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>S aureus</u> | | 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 type="checkbox"/> NO <input checked="" 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.) | |
| 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 |

21. I attended the deceased from Oct 1950 to 4-12-61 and last saw ^{her}him alive on 4-12-61
Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>R. Wachniew m D</u> | 22b. ADDRESS <u>4065 S Grand</u> | 22c. DATE SIGNED <u>4-13-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>4/17/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary, 2842 Meramec St.</u> | 25. DATE RECD. BY LOCAL REG. <u>APR 14 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Herbert J. Low Jr.

Licensed Embalmer No. 4800

P. O. Address Hickwood 22, 7

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.