

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046170

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11240 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 50 yr

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5501 Jamieson Avenue Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Nicholas Chaykowski

4. DATE OF DEATH Month Day Year
December 1, 1961

5. SEX Male

6. COLOR OR RACE White

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 5/19/72

9. AGE (last birthday) 89

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) Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY Factory Worker

11. BIRTHPLACE (City and state or country) Galicia, Austria

12. CITIZEN OF WHAT COUNTRY Austria

13a. FATHER'S NAME Paul Chaykowski

13b. MOTHER'S MAIDEN NAME Anna ?

14. NAME OF HUSBAND OR WIFE Ahafa (Helen) Chaykowski

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 Ahafa Chaykowski 5501 Jamieson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of right hip; Generalized arteriosclerosis
DUE TO (b) degenerative, suffered in fall at Chicago Hospital on November 29, 1961.

INTERVAL BETWEEN ONSET AND DEATH 904.7-45

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident

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.) See above

20c. TIME OF INJURY Hour Month, Day, Year
11-29-61

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.) 13 Hospital

20f. CITY, TOWN, OR LOCATION COUNTY STATE
St. Louis, Mo

21. I attended the deceased from 4:05 P. to her and last saw him alive on 12/4/61. Death occurred at 4:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Deputy Coroner)
Paul J. Smith

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 12/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12/4/61

23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park

23d. LOCATION (City, town, or county) (State)
St. Louis Co. Missouri

24. FUNERAL DIRECTOR ADDRESS
Chulick Funeral Home 1722 So. Jeff.

25. DATE RECD. BY LOCAL REG. DEC 4 1961

26. REGISTRAR'S SIGNATURE
Paul Smith, M.D.

FILE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NEW NO. SHOULD READ

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

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.