MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-009045
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 332

FILED FEB 23 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	4007
2	4000
3	
4	0
5	2
6	
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10	
11	
12	40-0
13	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP) OR TOWN WEBSTER GROVES, MO.
Length of stay in 1b 25 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Glenwood Home & Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN Pacific
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) R. R. #1
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LEONARD Middle A. Last BUKOWSKY

4. DATE OF DEATH Month 1 Day 25 Year 62

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 9-4-1894

9. AGE (last birthday) 67

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) Street Car Operator-St. Louis Public Service Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Martin Bukowsky

13b. MOTHER'S MAIDEN NAME Augusta Krueger

14. NAME OF HUSBAND OR WIFE Late Clara A. Bukowsky

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.

17. INFORMANT Gilbert W. Bukowsky Address 7600 Lynn-U.City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line fo
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute coronary embolism — INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c) generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rt lobar pneumonia, diabetes mellitus, cerebral arteriosclerosis, post CVA

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 1-1-62, to 1-25-62 and last saw ~~her~~ him alive on 1-25-62
Death occurred at 1-25-62 10 55 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Peter [signature] R. J.

22b. ADDRESS 1300 Frank Rd. St. L. 19. Mo.

22c. DATE SIGNED 1-26-62

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

23b. DATE Jan. 29, 1962

23c. NAME OF CEMETERY OR CREMATORY St. Peters Cem.

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

24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG. 1-26-62

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 R. W. Stovesand

Licensed Embalmer No. 4007

P. O. Address_____

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.