

Arunski

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028275

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 189

FILED JUL 25 1962

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Charles</u>		Length of stay in lb <u>26 Hrs.</u>	c. CITY OR TOWN <u>St. Ann</u> Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>10341 Little Flower Lane</u> Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>Joseph</u> Last <u>Arunski</u>		4. DATE OF DEATH Month <u>7</u> Day <u>16</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7-15-62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) #####		10b. KIND OF BUSINESS OR INDUSTRY #####	9. AGE (last birthday) Months <u>26</u> Days <u>1</u> Hours <u>0</u> Min. <u>0</u>
11a. BIRTHPLACE (City and state or country) <u>St. Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Arunski, Alex J.</u>		13b. MOTHER'S MARRIAGE NAME <u>Volmert, Lucy B.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)		17. INFORMANT <u>Lucy Volmert Arunski, St. Ann mo</u>	
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>Hyaline Membrane Disease.</u> DUE TO (b) <u>Aspirated amniotic Fluid</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>26 1/2 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Prematurity</u>		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 <u>7:30 AM</u> Month, Day, Year <u>7-15-62</u>	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 <u>St. Charles</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>		
21. I attended the deceased from <u>7-15-62 7:30 AM</u> to <u>7-16-62</u> and last saw him alive on <u>7-16-62</u> . Death occurred at <u>3:05</u> AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. D. [Signature]</u> (Degree or title)		22b. ADDRESS <u>207 N 5th St. Charles</u>	
22c. DATE SIGNED <u>7-16-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/16/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
24. FUNERAL DIRECTOR <u>Collier Mortuary, St. Ann, Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>7-16-62</u>	
		26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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AUG 21 1962

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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 _____

Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann 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.