

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026014

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6633** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 28 1963

1. PLACE OF DEATH a. COUNTY Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5011 Aubert Ave		d. STREET ADDRESS (If outside, give location) 5011 Aubert Ave.	

3. NAME OF DECEASED (Type or print) ANN JACUNSKI			4. DATE OF DEATH Month Day Year June 24 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/12/1915	9. AGE (last birthday) 48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Worker		10b. KIND OF BUSINESS OR INDUSTRY Johnson, Stephen & Shinkle Shoe Co.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME Raymond Jacunski		13b. MOTHER'S MAIDEN NAME Lottie Rasinski		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No *****		16. SOCIAL SECURITY NO. *****		17. INFORMANT Address Lottie Jacunski, 5011 Aubert Ave.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic Ovarian Carcinoma			INTERVAL BETWEEN ONSET AND DEATH Two Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 175.0			

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. <input type="checkbox"/> Yes <input checked="" 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.)	
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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
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21. I attended the deceased from **May 10, 1963** to **June 24, 1963** and last saw her alive on **May 31, 1963**
 Death occurred at **9:00** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Hawley Walker, Jr., M.D.</i>	(Degree or title)	22b. ADDRESS 4511 Forest Park Blvd.	22c. DATE SIGNED 6/24/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/27/1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri	(State)
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24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.	ADDRESS	25. DATE RECD. BY LOCAL REG. JUN 25 1963	26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED
 DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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,

~~on~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lawrence O. Gerbing

Licensed Embalmer No. 4979

P. O. Address Berkley, 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.

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