

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033318

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 41

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1 10920
2 2079
3
4 0
5 0
6
7 0
8 2
9 9298
10 42
11 092
12 91-3
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 26 1963											
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Dardenne</u> Length of stay in 1b <u>1 Day</u>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Puruque Landing, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
d. STREET ADDRESS <u>5755 Floy Ave.</u> (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis City</u>											
3. NAME OF DECEASED First <u>James</u> Middle <u>Joseph</u> Last <u>Szarzynski</u>											
4. DATE OF DEATH <u>August 8, 1963</u>											
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>										
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-28-38</u>										
9. AGE (last birthday) <u>25</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Punch Press Operator</u>										
10b. KIND OF BUSINESS OR INDUSTRY <u>Emmerson Elect.</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>										
12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>Frank Szarzynski</u>											
13b. MOTHER'S MAIDEN NAME <u>Mary Piechota</u>											
14. NAME OF HUSBAND OR WIFE <u>None</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>											
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>											
17. INFORMANT <u>Mary Piechota</u> Address <u>5755 Floy St. Louis</u>											
18. CAUSE OF DEATH (Enter only one cause per line) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">PART I. DEATH WAS CAUSED BY:</td> </tr> <tr> <td>IMMEDIATE CAUSE (a)</td> <td><u>drowning</u></td> </tr> <tr> <td>CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.</td> <td><u>being caught in swift current</u></td> </tr> <tr> <td>DUE TO (b)</td> <td></td> </tr> <tr> <td>DUE TO (c)</td> <td></td> </tr> </table>		PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)	<u>drowning</u>	CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>being caught in swift current</u>	DUE TO (b)		DUE TO (c)	
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DUE TO (b)											
DUE TO (c)											
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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>victim went out too far, hit swift current</u>											
20c. TIME OF INJURY Hour <u>1:45</u> p.m. Month, Day, Year <u>8/8/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>										
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi River</u>											
20f. CITY, TOWN, OR LOCATION <u>Dardenne twsp., St. Charles, Mo.</u> COUNTY STATE											
21. I attended the deceased from <u>held inquest</u> to <u>8/13/63</u> and last saw her/him alive on _____											
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Coroner 12 Cunningham Ct. St. Charles, Mo.</u>										
22c. DATE SIGNED <u>8/13/63</u>	22d. DATE SIGNED (State)										
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-12-1963</u>										
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>										
24. FUNERAL DIRECTOR <u>John Stygar & Son, St. Louis, Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>8/13/63</u>										
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>											

AUG 28 1963

RECEIVED

8188
24

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. _____

0-3

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. M. Ruster*

Licensed Embalmer No. 3980

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.