

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9974
3109

BIRTH NO. 49-009889 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1626a N. 19th St		d. STREET ADDRESS (If rural, give location) 1626 N. 19th St 17	
3. NAME OF DECEASED (Type or Print) a. (First) Chester		b. (Middle) Romagalski	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 4-5-49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 2-23-49
9. AGE (In years last birthday) 2		10. IF UNDER 1 YEAR Months 2 Days 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Chester Romagalski		13b. MOTHER'S MAIDEN NAME Marie Mahany	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Chester Romagalski		ADDRESS 1626 N. 19th St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction (Congenital) 7/10/48 Antecedent Causes Due to (b) acute Dilatation Heart 7/10/48 Due to (c) 1578 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no 7/10/48	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Louis Mo	
21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 27, 1949 to April 5, 1949 (that I last saw the deceased alive on April 5, 1949), and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE J. B. Rasater (Degree or title)		23b. ADDRESS 1875 Madison St	
23c. DATE SIGNED 4/5/49			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4/16/49	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St Louis Mo	
DATE REC'D BY LOCAL REG APR 6 1949		REGISTRAR'S SIGNATURE J. B. Rasater	
5. FUNERAL DIRECTOR'S SIGNATURE Central Burial Co		ADDRESS 1841 Core	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

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~~ me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 3571

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 this body is not embalmed, fact should be so stated above.