

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21422**  
**5088**  
Registrar's No.

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <b>21422</b>		Registrar's No. <b>5088</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>			c. LENGTH OF STAY (In this place) <b>45 yrs</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			<b>17</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1115 O'bear Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>9 - 1115 O'bear Avenue</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>			b. (Middle) _____			c. (Last) <b>Meradyk (Meredyk-Meredic)</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 9, 1949</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>1888</b>		9. AGE (In years last birthday) <b>61</b>		F UNDER 1 YEAR Months _____ Days _____	F UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Ralston Purina</b>		11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Szyman Meradyk</b>			13b. MOTHER'S MAIDEN NAME <b>Anna</b>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes World War I</b>			16. SOCIAL SECURITY NO. <b>494-05-4956</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Stella Krajewski</b> ADDRESS <b>1115 O'bear Av</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Oesophagus</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							INTERVAL BETWEEN ONSET AND DEATH <b>2/20/48</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Ca of Oesophagus</b>							20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hts Mo</b>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>130X</b>							
22. I hereby certify that I attended the deceased from <b>2/20</b> , 19 <b>48</b> , to <b>6/9</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>6/9</b> , 19 <b>49</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Dr. C.N. Pindeman M.D.</b>				23b. ADDRESS <b>4126 - Shreve</b>			23c. DATE SIGNED <b>6/11/49</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 13-1949</b>		24c. NAME OF CEMETERY OR CREMATORY. <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>					
DATE REC'D BY LOCAL <b>JUN 12 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Loater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Louis Funeral Home</b>		ADDRESS <b>2205 St. Louis</b>				

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

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed

Ector M. Remelino

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

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.