

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21906

State File No. 5843  
Registrar's No.

FILED JUL 15 1949

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, <i>J</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, <i>17</i>	
d. STREET ADDRESS 15 2835a Mt. Pleasant St. <i>3</i>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) c. (Last) Zewiski		4. DATE OF DEATH (Month) (Day) (Year) July 4, 1949.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 13, 1891
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois <i>1</i>
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Matthew Zewiski	
13b. MOTHER'S MAIDEN NAME Mary Porkuk		14. NAME OF HUSBAND OR WIFE Victoria Zewiski (nee Novick)	
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. 479-03-3219	
17. INFORMANT'S SIGNATURE OR NAME Victoria Zewiski		ADDRESS 2835a Mt. Pleasant	
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) Coronary occlusion.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septic Bacterial Endocarditis DUE TO (c) Chl. Endocarditis & Myocarditis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 10 days		2 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <i>920</i>	
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? <i>4214</i>		22. I hereby certify that I attended the deceased from <i>5-4</i> , 19 <i>49</i> to <i>7-4</i> , 19 <i>49</i> that I last saw the deceased alive on <i>7-3</i> , 19 <i>49</i> and that death occurred at <i>7:30A</i> m., from the causes and on the date stated above.	
23a. SIGNATURE <i>V. Zewiski</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>5203 Chippewa</i>	
23c. DATE SIGNED <i>7/5/49</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 7, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary 2842 Meramec St. St. Louis, Mo.	
DATE REC'D BY LOCAL REG. JUL 5 1949		REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Loren E. Percy

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4094

2842 Meramec St.  
P. O. Address St. Louis, 18, Missouri

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.