

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10454
 State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1405**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 239		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 23 2714a Accomac St.
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			4. DATE OF DEATH (Month) (Day) (Year) February 10, 1950		
3. NAME OF DECEASED (Type or Print) Rose	a. (First)	b. (Middle) Galczynski	c. (Last) (Galson)		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1891	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 7 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress		10b. KIND OF BUSINESS OR INDUSTRY Union Electric	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Michael Lamkiewicz		13b. MOTHER'S MAIDEN NAME Martha Ratkin		14. NAME OF HUSBAND OR WIFE Joseph	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 493-05-0858	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Sefer 3715 Pennsylvania Ave.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral + Aortic valve stenosis DUE TO (c) Rheumatic fever - old II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity				INTERVAL BETWEEN ONSET AND DEATH 1 year
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input checked="" 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) 400X			
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 2-10-1949 , to 2-10-1950 , that I last saw the deceased alive on 2-10-1950 , and that death occurred at 4:15P m., from the causes and on the date stated above.					
23a. SIGNATURE John H. Quember M.D. (Degree or title)			23b. ADDRESS 15-04 So Grand Ave.		23c. DATE SIGNED 2-13-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/14/50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO.	
DATE REC'D BY LOCAL REG. FEB 13 1950		REGISTRAR'S SIGNATURE J. B. Jasate		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebkens Sons 2630 Gravois Ave..	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Robert F. Gebken*

Signed.....
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.