

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22130

Registrar's No. 5223

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 22130		Registrar's No. 5223		
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 town) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 7230				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1000 Sidney			d. STREET ADDRESS (If rural, give location) 1000a Sidney 23					
3. NAME OF DECEASED (Type or Print) a. (First) SIGMUND (ZYGUNT)		b. (Middle) _____		c. (Last) WERONIECKI		4. DATE OF DEATH (Month) (Day) (Year) 6/13/50		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/8/1869		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry		11. BIRTHPLACE (State or foreign country) Poland 4		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME Matthew Weroniecki		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Weroniecki				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 498-09-3698		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Stanley Weroniecki 1000a Sidney				
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 3 yrs 10 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
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? B31K				
22. I hereby certify that I attended the deceased from Jan , 19 47 , to 6-13 , 19 50 , that I last saw the deceased alive on 6-13 , 19 50 , and that death occurred at 6:33 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE F. Swehoski (Degree or title) M.D.			23b. ADDRESS 2528 So. Jefferson			23c. DATE SIGNED 6-14-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/15/50		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE RECD'Y LOCAL REG. JUN 14 1950		REGISTRAR'S SIGNATURE J.B. Lester		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CHULICK UND. CO. 1722 So. Jefferson				

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

[Handwritten signature]

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.

Student
Student Embalmer

Signed *Alex A. Chulink Jr.*

Licensed Embalmer No. *4143*

P. O. Address *1722 S. Jefferson*

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.