No. 300
10.48

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14929
Registrar's No. 3748

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2209
d. STREET ADDRESS (If rural, give location) 2339a Howard str.

3. NAME OF DECEASED (Type or Print)
a. (First) (STEVE) b. (Middle) Stanislaus c. (Last) WOLINSKI (STANISLAW)

4. DATE OF DEATH (Month) APR. (Day) 20 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec 15 1887

9. AGE (In years last birthday) 63 | 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) Casket Trimmer

10b. KIND OF BUSINESS OR INDUSTRY Kregel Casket

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Wolinski

13b. MOTHER'S MAIDEN NAME Julia Zaharzewski

14. NAME OF HUSBAND OR WIFE Kamilia Wolinska

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.

17. INFORMANT'S SIGNATURE OR NAME Mrs Kamilia Wolinski **ADDRESS** 2339 Howard

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub-arachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.
Rupture of vessel in extension of vascular tumor

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis ? durat.
DUE TO (c) Adenocarcinoma of nasopharynx 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, arteriosclerosis 3-4 yrs

19a. DATE OF OPERATION 1949 ; 1950

19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of nasopharynx

20. AUTOPSY? YES ☒ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 146X

22. *I hereby certify that I attended the deceased from* 4-13-51, 19____, *to* 4-20-51, 19____, *that I last saw the deceased alive on* 4-20-51, 19____, *and that death occurred at* 9:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE Mary D. Biddle, M.D. (Degree or title)

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 4-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/23/51

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) St Louis Mo (State)

DATE REC'D BY LOCAL REG. APR 21 1951

REGISTRAR'S SIGNATURE J B Lanter

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Central Funeral Home 1841 Cass ave

(Licensed Embalmer's Statement on Reverse Side)

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

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Geo W Wilkinson

Licensed Embalmer No. 3575

P. O. Address [illegible]

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.