

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3418

State File No. \_\_\_\_\_

0171

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1454 Cass Ave</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
		d. STREET ADDRESS (If rural, give location) <b>1454 Cass Ave.</b>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>John</b>	b. (Middle)	c. (Last) <b>Ucinski</b>	(Month) (Day) (Year) <b>JAN 5 52</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
		<b>Married</b>	<b>JUNE 24 1883</b>
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<b>68</b>			<b>Poland</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
<b>Retired</b>		<b>USA</b>	

13a. FATHER'S NAME <b>Mathias Ucinski</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Ucinski</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>333-03-3413</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Ucinski</b>
(If yes, give war or dates of service)		ADDRESS <b>1454 Cass Ave</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	<b>CARCINOMA TDSIS</b>		<b>1 YEAR 2</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b)		<b>CARCINOMA OF LIVER - 14 MOS.</b>
	DUE TO (c)		
	<b>RESOLVED LEFT LOWER + RIGHT LOWER LOBAR PNEUMONIA</b>		<b>1 WEEK</b>

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)
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>155X</b>

22. I hereby certify that I attended the deceased from **Dec 28 1951** to **Jan 5, 1952**, that I last saw the deceased alive on **Jan. 5, 1952**, and that death occurred at **928** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Anthony A. Prokopowicz M.D.</b>	23b. ADDRESS <b>1525 a Cass Ave</b>	23c. DATE SIGNED <b>1-7-52</b>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY
<b>Burial</b>	<b>1-9-52</b>	<b>Calvary Cemetery</b>
DATE REC'D BY LOCAL REG. <b>JAN 8 1952</b>	REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
	25. FUNERAL DIRECTOR'S SIGNATURE <b>Central Funeral Home</b>	ADDRESS <b>1841 Cass Ave</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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John S. Hennrich*  
Licensed Embalmer No. 4194 0  
P. O. Address.....

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.