

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45032

State File No. _____

FILED JAN 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11795**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>10 41st Lee an</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>FRANCES</i> b. (Middle) c. (Last) <i>PUZNIAK</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>DECEMBER 21, 1952</i>	
5. SEX <i>F. M.</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>6-29-1894</i>
9. AGE (In years) (last birthday) <i>58</i>		IF UNDER 1 YEAR Months <i>5</i> Days <i>22</i>	IF UNDER 1 HR. Hours <i>22</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Poland 4</i>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Paul Milk</i>	
13b. MOTHER'S MAIDEN NAME <i>Rose Piantek</i>		14. NAME OF HUSBAND OR WIFE	
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 <i>Mrs. Helen Lurek</i>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular Accident</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diabetes Mellitus</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) <i>12-21-52 11 m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>260X</i>		22. I hereby certify that I attended the deceased from <i>12-10-52</i> , 19___, to <i>12-21-52</i> , 19___, that I last saw the deceased alive on <i>12-21-52</i> , 19___, and that death occurred at <i>2:45A</i> m., from the causes and on the date stated above.	
23a. SIGNATURE <i>J. R. Edwards Jr. M.D.</i>		(Degree or title)	
23b. ADDRESS <i>1515 Lafayette Avenue</i>		23c. DATE SIGNED <i>12-22-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12-24-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>	
DATE REC'D BY LOCAL REG. <i>DEC 23 1952</i>		REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>St. Louis Funeral Home</i>		ADDRESS <i>2205 St. Louis an</i>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 J. W. B. Bentley

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo.

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.