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FILED FEB 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3779

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State File No. _____

Registrar's No. 1138

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 1138	
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 township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) 20 1817A No. 20th. St. 0			
3. NAME OF DECEASED (Type or Print) a. (First) ANTHONY b. (Middle) J. c. (Last) SKIBICKI			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 29, 1953				
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 21st. 1892		9. AGE (In years last birthday) 60 Yrs.		10. MONTH (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator			10b. KIND OF BUSINESS OR INDUSTRY Newspaper Ind.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anthony Skibicki			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Theresa Skibicki (Decd.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW1		16. SOCIAL SECURITY NO. 5-29-17 to 8-5-19		17. INFORMANT'S SIGNATURE OR NAME John L. Brockland			ADDRESS 827 Hogan St
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) <u>Arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH
				ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Liver cirrhosis - type 1</u>			
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 4200			
22. I hereby certify that I attended the deceased from <u>9-23-52</u> , 19 <u>52</u> , to <u>1-29-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-29-53</u> , 19 <u>53</u> , and that death occurred at <u>4:20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. P. Glynn M.D. 0				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 1-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 2nd. 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		
DATE REC'D BY LOCAL REG. JAN 30 1953		REGISTRAR'S SIGNATURE J. Charles Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Brockland Und. Co. 1827 Hogan St.		

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

(Licensed Embellisher'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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Fred J. Hanner

Licensed Embalmer No. 4788

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.