

## STANDARD CERTIFICATE OF DEATH

19312

State File No. ....

MAY 18 1953

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

4496

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 OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>St Louis</i>		2269
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1315 Sullivan St</i>			d. STREET ADDRESS (If rural, give location) <i>26 1315 Sullivan ave</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Catherine</i>		b. (Middle) <i>Czarnecki</i>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>4 30 - 53</i>	
5. SEX <i>F.M.</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-12 1869</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>18</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife.</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Poland 4</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Martin</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Martha Cideck 1315 Sullivan</i>		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				
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? <i>4222</i>			
22. I hereby certify that I attended the deceased from <i>April 25, 1953</i> , to <i>April 30, 1953</i> , that I last saw the deceased alive on <i>April 30, 1953</i> , and that death occurred at <i>5 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. V. Sigurd M.D.</i>			23b. ADDRESS <i>5022 Page</i>	23c. DATE SIGNED <i>May 1, 53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-4-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>		
DATE REC'D BY LOCAL REG. <i>MAY 2 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>St. Louis Funeral Home</i>	ADDRESS <i>2205 St. Louis ave</i>		

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 *G. W. Wilkinson*

Licensed Embalmer No. *3575*

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.