

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3332
0344

State File No.

BIRTH NO. FILED FEB 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Moline Acers</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Faith Hosnital</u>		e. STREET ADDRESS (If rural, give location) <u>1223 Twill Court 21</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>(Betty)</u>	c. (Last) <u>Szylowski</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 - 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 14, 1925</u>	9. AGE (In years last birthday) <u>28</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Frank Butera</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Butera</u>	14. NAME OF HUSBAND OR WIFE <u>Stanley Szykowski</u>
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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 <u>Stanley Szykowski</u>	18. ADDRESS <u>1223 Twill Ct.</u>
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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>Acute monocytic Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 wks</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Acute Follicular Tonsillitis</u>		<u>7 wks</u>
	DUE TO (c) <u>Left Tonsillar Abscess</u>		<u>7 wks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>1-3-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Splenectomy</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>St. Louis Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>473X</u>
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22. I hereby certify that I attended the deceased from Nov. 24 1953 to Jan 11, 1954; that I last saw the deceased alive on Jan 11, 1954, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Anthony J. Vitale</u>	(Degree or title)	23b. ADDRESS <u>3861 Sh. Louis Ave</u>	23c. DATE SIGNED <u>1-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>JAN 18 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Miceli & Sons</u>	ADDRESS <u>1150 N. Kingshighway</u>
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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.....
Signature of Student Embalmer

Signed *Fred J. Farmer*.....

Licensed Embalmer No. *476*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.