

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13203

State File No.

3219

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 MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis		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 2634 Allen ave				e. STREET ADDRESS (If rural, give location) 2634 Allen ave 223.5			
3. NAME OF DECEASED (Type or Print) a. (First) Frances		b. (Middle) Bogucki		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 4-8-54	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH Oct-10/05	
9. AGE (in years last birthday) 48		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY #####		11. BIRTHPLACE (City and State or Foreign Country) ✓ Nashville ill's		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Nicholis Barczawski		13b. MOTHER'S MAIDEN NAME Cecelia Novak		14. NAME OF HUSBAND OR WIFE Joseph			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ##		16. SOCIAL SECURITY NO. ###		17. INFORMANT'S SIGNATURE OR NAME Joseph Bogucki		ADDRESS 2634 Allen ave	
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) Hypertensive cardiovascular disease 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. _____				INTERVAL BETWEEN ONSET AND DEATH 4 years	
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) 443X			
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? _____			
22. I hereby certify that I attended the deceased from 10-15-1953 , to 4-8-1954 , that I last saw the deceased alive on 3-15-1954 , and that death occurred at 12:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Jones		(Degree or title) MD		23b. ADDRESS 93616 S. Bldg. #100		23c. DATE SIGNED 4-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/12/54		24c. NAME OF CEMETERY OR CREMATORY St Peter & Paul		24d. LOCATION (City, town, or county) (State) St Louis MO	
DATE REC'D BY LOCAL REG. APR 9 1954		REGISTRAR'S SIGNATURE C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Central Funeral Home		ADDRESS 1841 Cass	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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..... *G. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *17 Lou*

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.