

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14580

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL STE. GENEVIEVE</u>		c. LENGTH OF STAY (in this place) <u>4 MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		6950	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. ST. U.S.G.I</u>				d. STREET ADDRESS (If rural, give location) <u>STE. GENEVIEVE MO RR # 2</u>			
3. NAME OF DECEASED a. (First) <u>EUGENISZ</u>		b. (Middle) _____		c. (Last) <u>MROZKOWSKI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV 21 1914</u>	
9. AGE (In years last birthday) <u>39</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM HAND</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>4</u> <u>POLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>POLAND</u>		13a. FATHER'S NAME <u>JAN MROZKOWSKI</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA RAWDOMSKA</u>		14. NAME OF HUSBAND OR WIFE <u>SABINA SZUMITO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SABINA MROZKOWSKI Ste. Genevieve Mo</u>			
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) <u>Casual death when a tractor which he was driving</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tractor which he was driving</u> DUE TO (c) <u>overturned, crushing his chest -</u> E9121/3 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chest -</u>				INTERVAL BETWEEN ONSET AND 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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ste. Genevieve Co Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 20 1954 3:45 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor overturned</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:45 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George H. Stanta</u>				23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>4-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>APRIL 22 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PHLOMENA</u>		24d. LOCATION (City, town, or county) (State) <u>BLOOMSBURG MO.</u>	
DATE REC'D BY LOCAL REG. <u>April 22, 1954</u>		REGISTRAR'S SIGNATURE <u>Lucille Basler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leslie Basler</u>		ADDRESS <u>Ste. Genevieve Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 3 1958
MAR 5 1956

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 Alvin J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Bernard, 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.