

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17421

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>1245</u>	
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) <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>6 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Woods Mill Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Magdalena</u> b. (Middle) <u>Ol</u> c. (Last) <u>Olszewski</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1954</u>				
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>July 15, 1869</u>	9. AGE (In years last birthday) <u>84</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown Franzkovia</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Olszewski</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>Mrs. Louis Mosconi, Labadie, Mo R#1</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>Myocarditis, Chronic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>1 Nov. 1953</u> to <u>27 May, 1954</u> , that I last saw the deceased alive on <u>27 May, 1954</u> , and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. J. Bennett, M.D.</u>				23b. ADDRESS <u>9949 Manchester Rd Kirkwood, Mo.</u>		23c. DATE SIGNED <u>5-28-54</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Manchester, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5/29/54</u>		REGISTRAR'S SIGNATURE <u>Herbert S. Stambler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>			

(Licensed Embalmer'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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard Bopp
4584

Licensed Embalmer No.

P. O. Address

Bellwin, S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.