

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21073**
Registrar's No. **4479**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Missouri		c. LENGTH OF STAY (In this place) <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 2738 Accomac St.			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK			b. (Middle)			c. (Last) PANEK			4. DATE OF DEATH (Month) (Day) (Year) MAY 18 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 4 1886		9. AGE (In years to birthday) 67		10. IN UNDER 1 YEAR Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired plumber				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Illinois			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Panek		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Anna Bell Panek	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 489-05-1801		17. INFORMANT'S SIGNATURE OR NAME Anna B. Panek		ADDRESS 2738 Accomac St.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis					
		DUE TO (c) Pneumonia					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)	
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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? 332X	
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22. I hereby certify that I attended the deceased from **5-12-54**, 19**54**, to **5-18-54**, 19**54**, that I last saw the deceased alive on **5-18-54**, 19**54**, and that death occurred at **1:15 PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo Pruneda MD		23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 5-18-54	
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24a. BURIAL, CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE MAY 21 1954		24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
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DATE REC'D BY LOCAL REG. MAY 19 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Wittesgrove		ADDRESS 2406 Grand	
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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 *Geo. J. Buddle*.....
Licensed Embalmer No. *398*

P. O. Address *St. Louis*.....
Mo. 631

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.