

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24326**
Registrar's No. **5846**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 24326		Registrar's No. 5846	
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY Washington				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Radom		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2723 a Ann Ave.					e. STREET ADDRESS (If rural, give location) 8120 8				
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) _____		c. (Last) Brzezinske		4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 14 1880		9. AGE (In years last birthday) 74 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) retired			10b. KIND OF BUSINESS OR INDUSTRY Janitor		11. BIRTHPLACE (City and State or Foreign Country) Gaylord Michigan			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Stanley Brzezinske			13b. MOTHER'S MAIDEN NAME P. Blabatt			14. NAME OF HUSBAND OR WIFE Helen Brzezinske			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME F. Zgonina ADDRESS 2723 a Ann 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, asthma, etc. It means the disease, injury, or complication which caused death.									
MEDICAL CERTIFICATION									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma mouth				INTERVAL BETWEEN ONSET AND DEATH 2 yrs			INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Melastosis				INTERVAL BETWEEN ONSET AND DEATH 9 yrs			INTERVAL BETWEEN ONSET AND DEATH 9 yrs		
DUE TO (c) Endocarditis				INTERVAL BETWEEN ONSET AND DEATH 14 yrs			INTERVAL BETWEEN ONSET AND DEATH 14 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperplastic arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 9 yrs			INTERVAL BETWEEN ONSET AND DEATH 9 yrs		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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. HOW DID INJURY OCCUR? 144x			
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"/>		22. I hereby certify that I attended the deceased from 2-28-48 to 6-29-54 , that I last saw the deceased alive on 6-28-54 , and that death occurred at 10:45 AM , from the causes and on the date stated above.					
23a. SIGNATURE Russell Dahm (Degree or title) MD				23b. ADDRESS 1402 So Grand		23c. DATE SIGNED 6/29/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-29-54		24c. NAME OF CEMETERY OR CREMATORY Radom Cemetery		24d. LOCATION (City, town, or county) (State) Radom Ill.			
DATE REC'D BY LOCAL REG. JUN 29 1954		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE A.H. Hoppe ADDRESS 4704 Washington Ave.				

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 *John J. Haines*
Licensed Embalmer No. *44...9...*
P. O. Address *H. Lewis*

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.