

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24374**
Registrar's No. **6525**

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.**
c. LENGTH OF STAY (If in place) **24 hrs.**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Missouri Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **8582 Partridge Avenue** **2089**

3. NAME OF DECEASED (Type or Print)
a. (First) **Ignatius** b. (Middle) **Ciborowski** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **July 13, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **July 28, 1894** 9. AGE (In years last birthday) **59** IF UNDER 1 YEAR: Months **11** Days **15** IF UNDER 12 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe Mfg.** 11. BIRTHPLACE (City and State or Foreign Country) **Poland** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Ciborowski Bernice Szydlowski**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **489-06450** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Bernice Ciborowski (wife)**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
ANTECEDENT CAUSES DUE TO (b) **Polycystic Kidneys**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Ascites**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **years birth**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **7571**

22. I hereby certify that I attended the deceased from **July 12 1954** to **July 13, 1954**, that I last saw the deceased alive on **July 13, 1954** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) **Malcolm Schellum MD** 23b. ADDRESS **505 Humboldt St** 23c. DATE SIGNED **July 14/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-17-54** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **III 16 1954** REGISTRAR'S SIGNATURE **J. Carl Smith Mo** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **St. Louis Funeral Home St. Louis, Mo.**

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 S. Renner

Licensed Embalmer No.....*719*

P. O. Address.....*St. Louis*

**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.**