

FILED MAR 7 1955

# STANDARD CERTIFICATE OF DEATH

6420

State File No. ....

BIRTH NO. 74224-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1545

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>St Louis</u>		b. COUNTY <u>Missouri</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>23 2115 a Ann Av</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tina</u> b. (Middle) <u>Marie</u> c. (Last) <u>Podgursky</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept 23 1954</u>		9. AGE (In years last birthday) <u>4</u>		IF UNDER 1 YEAR <u>23</u> IF UNDER 6 HRS. <u>0</u> Mln.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>William Podgursky</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Dicka</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Podgursky 2115 a Ann Av</u>	
--	--	-------------------------	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration of Food</u>			
ANTECEDENT CAUSES		DUE TO (b) <u>secondary to Congenital</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Oral Defects</u>			
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 checked="" 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. 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? <u>7593</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 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrik P. Taylor Carover</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>2-18-55</u>	
--	--	--------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/19/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery.</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo.</u>	

DATE REC'D BY LOCAL REG. <u>FEB 18 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moydell Funeral Home 1926 Allen Av</u>	
---	--	--	--	--	--

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>*Not Embalmed*</sup> ~~was embalmed~~ by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address *St. Louis 4 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.