

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10191**

FILED MAR 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2605**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3938 BATES</b>		e. STREET ADDRESS (If rural, give location) <b>3938 BATES 2010</b>	
3. NAME OF DECEASED (Type or Print) <b>JULIA - SIKORSKI</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 21 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 21 1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>JOSEPH NOWAK</b>	
13b. MOTHER'S MAIDEN NAME <b>MARY POINTECK</b>		14. NAME OF HUSBAND OR WIFE <b>BERNARD SIKORSKI</b>	
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. <b>489-05-5751</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>BERNARD SIKORSKI</b>		ADDRESS <b>3938 BATES</b>	
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) <b>Crown aneurism with infarct</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertensive arterio-sclerotic cardiac-vascular disease.</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>17 days</b> <b>several years</b>		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. 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? <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>4 Mar.</b> , 19 <b>55</b> , to <b>21 Mar.</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>14 Mar.</b> , 19 <b>55</b> , and that death occurred at <b>6:30 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert J. Nye M.D.</b> (Degree or title)		23b. ADDRESS <b>3201 Arsenal St., St. Louis Mo.</b>	
23c. DATE SIGNED <b>22 Mar. 1955</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24a. DATE <b>MAR. 24 1955</b>		24b. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	
24c. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutes</b> ADDRESS <b>2906 Grassie</b>	
DATE REC'D BY LOCAL REG. <b>MAR 23 1955</b>		REGISTRAR'S SIGNATURE <b>J. Charles Smith MO</b>	

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.....  
*Samuel C. Hill*

Licensed Embalmer No. *4349*

P. O. Address *2906 St*

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.