

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
FILED OCT 25 1955 STANDARD CERTIFICATE OF DEATH

35564

State File No. ....

BIRTH NO. 73549-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2300

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>4281</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY OR TOWN <u>St. Louis 14</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1</u>
c. LENGTH OF STAY (In this place) <u>3 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1326 Le Roy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteo. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JANET</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>POZNIAK</u>	<u>10</u>	<u>4</u>	<u>55</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>10-4-55</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>New Born</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Normandy 21, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Joseph George Pozniak</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Mary Pukacz</u>	14. NAME OF HUSBAND OR WIFE <u>- None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph George Pozniak</u>	ADDRESS <u>1326 Le Roy</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Center development.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>		
	DUE TO (c) <u>7590</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 <u>7735</u>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/4, 1955, to 10/4, 1955, that I last saw the deceased alive on 10/4, 1955, and that death occurred at 9:37 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. W. Wilbur</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>6820 Page</u>	23c. DATE SIGNED <u>10/5/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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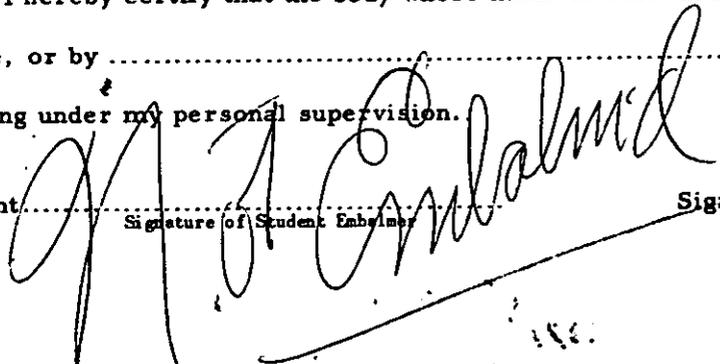
DATE REC'D BY LOCAL REG. <u>10-5-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	ADDRESS <u>Funeral Home Inc. 1125 Hodiamont Ave.</u>
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**STATEMENT BY LICENSED EMBALMER**

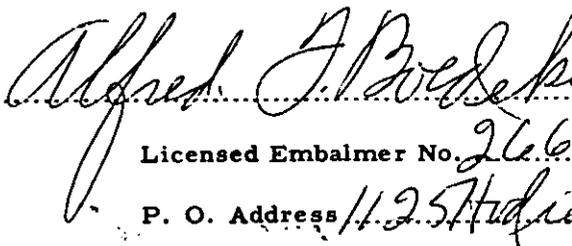
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No..... working under my personal supervision.

Student

Signature of Student Embalmer



Signed



Licensed Embalmer No. 2166

P. O. Address 1125 Hrdie

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.