

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

STANDARD CERTIFICATE OF DEATH

FILED APR 6 - 1956

State File No. **11665**  
 Registrar's No. **3107**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3107</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St Louis</b> )		c. LENGTH OF STAY (in this place) <b>Mo</b> (township)		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1604 N 17th Str.</b>				STREET ADDRESS (If rural, give location) <b>1604 N 17th Str.</b>			
3. NAME OF DECEASED (Type or Print) <b>Frank</b>		a. (First) <b>Franciszek</b>		b. (Middle) _____		c. (Last) <b>Zochowski</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6-20-85</b>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pension</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____	
11a. FATHER'S NAME <b>Jan Zochowski</b>				11b. MOTHER'S MAIDEN NAME <b>Maryann Zochowski</b>		11c. NAME OF HUSBAND OR WIFE <b>Sophie Zochowski</b>	
12. I WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		13. SOCIAL SECURITY NO. <b>No</b>		14. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Sophie Zochowski 1604 N 17th</b>			
15. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>18. CAUSE OF DEATH</b>							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC DILATATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CHRONIC MYOCARDITIS</b>				<b>3 YEARS</b>			
DUE TO (c) <b>ARTERIOSCLEROSIS</b>				<b>3 1/2 YEARS</b>			
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 <b>422.1</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Oct 23, 1953</b> , to <b>MAR 27, 1956</b> that I last saw the deceased alive on <b>MAR 27, 1956</b> , and that death occurred at <b>5:30A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Anthony A. Prebroski M.D.</b>				23b. ADDRESS <b>1525 a Cass Ave</b>		23c. DATE SIGNED <b>3-28-56</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/30/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>MAR 28 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Central Und Co 1841 Cass ave</b>			

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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..... *JW Rister* .....

Licensed Embalmer No. *39*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.