

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6587

FILED FEB 25 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **824**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE M Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1914 Withnell Ave.		Length of stay in lb	d. STREET ADDRESS 1247 1914 Withnell Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Valenty Rybicki			4. DATE OF DEATH Jan. 25 1957		Month Day Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> Never Married	8. DATE OF BIRTH 12/24/1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME (Agnes Rybicki - wife) Unknown - Agnes (Unknown)		
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.	17. INFORMANT 1824 Edwards Rd. Madison, Ill. Edward L. Krawicki		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS Senescent Arterio - Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sclerosis DUE TO (c) Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 1/2 years?
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour -a. m. p. m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from August 28th 1950 to January 25 and last saw ^{her} him alive on Jan. 24-57 . Death occurred at 1:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Julius John Ketter M.D.			22b. ADDRESS 2603 Cherokee St		22c. DATE SIGNED 1/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/26/57	23c. NAME OF CEMETERY OR CREMATORY St. Michaels		23d. LOCATION (City, town, or county) (State) Radom, Ill
24. FUNERAL DIRECTOR John Stygar & Son ADDRESS 5541 Riverview			25. DATE RECD. BY LOCAL REG. JAN. 25, 57		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D. mjb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *J. M. Rister*.....

Licensed Embalmer No. *398*.....

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.