

FILED MAY 10 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14431

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4284

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF DECEASED (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3817 S. BROADWAY 2247 3718 ILLINOIS

e. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE b. (Middle) BACKAUSKIS c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) MAY 2 1957

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MAR. 12 1893 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box Feeder 10b. KIND OF BUSINESS OR INDUSTRY ROSENTHAL Box 11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN MILLER 13b. MOTHER'S MAIDEN NAME MARGARET 14. NAME OF HUSBAND OR WIFE JOSEPH BACKAUSKIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME JOSEPH BACKAUSKIS ADDRESS 3718 ILLINOIS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coronary Thrombosis

ANTECEDENT CAUSES DUE TO (b) Cardiovascular Renal Disease 4 weeks.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) Myocardial Infarction

11. 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 420.1 20. AUTOPSY? YES  NO

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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 4-6, 1957, to 4-30, 1957, that I last saw the deceased alive on 4-30, 1957, and that death occurred at 5/2 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William M. Dren D.O. 2 23b. ADDRESS 3636 So. Broadway St. Louis Mo 23c. DATE SIGNED 5-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE MAY 6 1957 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK 24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

DATE REC'D BY LOCAL REG. MAY 6 '57 REGISTRAR'S SIGNATURE Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuter 2906 Graciosa ADDRESS \_\_\_\_\_

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

S. No. 300  
V. 10.48

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. *4347*

P. O. Address *2906 Duane*

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.