

STANDARD CERTIFICATE OF DEATH

19591

STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1214

300
1-56

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.

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Brentwood 4511 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital Length of stay in 1b 5 days		d. STREET ADDRESS (If outside, give location) 2443 Annalee Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First STEPHEN Middle MICHAEL Last PRONKO.			4. DATE OF DEATH Month May Day 11 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1897 1898
9. AGE (In years last birthday) 59-58-		IF UNDER 1 YEAR Months 11 Days 6	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister; Brentwood Congregational Church.		10b. KIND OF BUSINESS OR INDUSTRY Olyphant, Penn.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Michael Dimitri Pronko.		14. MOTHER'S MAIDEN NAME Theodosia Youschak.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No YES		16. SOCIAL SECURITY NO. yes	17. INFORMANT Iee A. Address Mrs. AA/46 Ludwell Pronko. 2443 Anna-
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ventricular Tachycardia DUE TO (c) Arteriosclerotic and Hypertensive Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4260			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) none		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 			
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 May 7, 1957 to May 11, 1957 and last saw her him alive on May 10, 1957 Death occurred at 3:25 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank J. Catanzaro MD		22b. ADDRESS 333d. Kirkwood Road, Kirkwood	22c. DATE SIGNED 5/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 5-12-1957	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
24. FUNERAL DIRECTOR C. R. Lupton & Sons. 7233 Delmar Bl		25. DATE RECD. BY LOCAL REG. 5-13-57	26. REGISTRAR'S SIGNATURE Herbert B. Dornelnd

MAY 2 1957

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. _____

P. O. Address _____

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.

Max Embalmers