Health, Welfare, Public Service

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1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19655
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1311

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ✓
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine Lawn — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Shamrock Nursing Home — Length of stay in 1b 1 mos. 37	d. STREET ADDRESS (If outside, give location) 1636a Knapp St. — Reside on Farm Yes ☐ No ☒ 226

3. NAME OF DECEASED (Type or print) First FRANK Middle Last MYSZAK		4. DATE OF DEATH Month Day Year May 20, 1957	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 7/12/85
9. AGE (In years last birthday) 72	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) Millwright	10b. KIND OF BUSINESS OR INDUSTRY Riley Stoker Co.	11. BIRTHPLACE (City and state or country) Poland 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Adam Myszak		14. MOTHER'S MAIDEN NAME Catherine Malec	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 373-01-9677	17. INFORMANT Joseph Myszak Address 6831 Naturel Bridge Ave.	

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Rt. cerebral hemorrhage with complete left hemoplegia	3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized sclerosis and cerebral sclerosis disease.	7-8 yrs.
DUE TO (c)	Arteriosclerotic cardiovascular heart	7-8-yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 April 26, 1957 to May 20, 1957 and last saw ~~XXX~~ him alive on 5-20-57. Death occurred at 8:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] 0	22b. ADDRESS 1901 Madison St.	22c. DATE SIGNED 5-21-57
23a. BURIAL, CREMATION, REMOVAL Burial	23b. DATE May 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON = 5541 RIVERVIEW BLVD.	25. DATE RECD. BY LOCAL REG. 5-22-57	26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

Carol

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. W. 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.