FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25924
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6724

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis Mo — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Park Lane Hospital — Length of stay in 1b: 18

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO — b. COUNTY: /

c. CITY OR TOWN: St Louis — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 4909 Beacon ave — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Catherine — Middle — Last Bartoszkiewicz

4. DATE OF DEATH: Month 7 Day 17 Year 57

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Oct/31/83

9. AGE (In years last birthday): 73 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Pickneyville Ill's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Valinte Figiel

14. MOTHER'S MAIDEN NAME: Mary Drezka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT — Address: Raymond Bartoszkiewicz 4909 Plover

MEDICAL CERTIFICATION

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 Insufficiency

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. — DUE TO (b): Arteriosclerosis

DUE TO (c): Atherosclerosis 420.1

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 July 16-1957 to July 17-1957 and last saw her/him alive on July 17-1957. Death occurred at 7:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C.N. Wilcox (Degree or title) M.D.

22b. ADDRESS: 3145 Ivanhoe St Louis

22c. DATE SIGNED: 7-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/20/57

23c. NAME OF CEMETERY OR CREMATORY: Our Lady Of Prepetual Posen Ill's

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR — ADDRESS: JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG.: JUL 19 '57

26. REGISTRAR'S SIGNATURE: J Carl Smith MD MJB.

(Licensed Embalmer's Statement on Reverse Side)

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 casually 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 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.

Dr. G. C. McClure
University Club Bldg