

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45739
STATE FILE NUMBER
12688

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

5. 300
7. 1-57

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" 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 LADY-OF-PERPETUAL-HELP INSTITUTION HOME-3419-GASCONADE-ST.		Length of stay in lb 50 YRS.		STREET ADDRESS (If outside, give location) FORMERLY: 1503 A MONROE-ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES DANIELEWICZ				4. DATE OF DEATH Month Day Year DEC. 29TH 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE-24TH 1881	
9. AGE (In years last birthday) 76 YRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		11. BIRTHPLACE (City and state or country) POLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE-WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) POLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOSEPH-NADOLSKI		13b. MOTHER'S MAIDEN NAME KATHARINA-SMOLAREK.		14. NAME OF HUSBAND OR WIFE MATHEW-DANIELEWICZ (DECD)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address JOSEPH-DANIELEWICZ = 4915-DAVISON-AY.			
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 Cardiac Failure						INTERVAL BETWEEN ONSET AND DEATH 20 Day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Heart Disease						30 Day	
DUE TO (c) Pulmonary Congestion						30 Day	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 422.2						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)				
20c. TIME OF INJURY Hour o.m. p.m.							
20d. INJURY OCCURRED WHILE AT <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 Nov 27/57 to Dec 29/57 and last saw her alive on 12/25/57 Death occurred at 12/29/57 1:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE George J. Moran MD		22b. ADDRESS 3903 Olive		22c. DATE SIGNED 12/31/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 2ND 1958		23c. NAME OF CEMETERY OR CREMATORY CALVARY - CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MO.	
24. FUNERAL DIRECTOR Brockland Und. Co. 1827-HOGAN-ST.			25. DATE RECD. BY LOCAL REG. DEC 31 57		26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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, ~~by~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clara R. Padwick*.....

Licensed Embalmer No. *4077*.....

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.