

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012157

STATE FILE NUMBER

3760

FILED APR 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300

-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alexian Bros. Hosp.</b>		Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>4633 Idaho</b>	
3. NAME OF DECEASED (Type or print) <b>Charles</b>		First <b>Charles</b>		Middle <b>Pytlinski</b>	
aka <b>Pytlinski Plinski</b>		4. DATE OF DEATH Month <b>Apr.</b> Day <b>2</b> Year <b>1958</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 22, 1886</b>	9. AGE (In years) <b>71</b> (1st birthday)	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Plinski</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Unk</b>	
14. NAME OF HUSBAND OR WIFE <b>Nellie Plinski</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? no (If no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>unk</b>	
17. INFORMANT <b>Nellie Plinski</b>		Address <b>4633 Idaho</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> DUE TO (b) <b>chronic atherosclerosis</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.1</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b> <b>9/2</b>
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 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 <b>Feb 1958</b> to <b>April 2 1958</b> and last saw her alive on <b>4-1-58</b> Death occurred at <b>920 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John J. Drabek, M.D.</b>			22b. ADDRESS <b>5203 Chippewa</b>		22c. DATE SIGNED <b>4-2-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<b>removal</b>		<b>4-5-58</b>		<b>Resurrection Cem.</b>	
23d. LOCATION (City, town, or county)		23e. LOCATION (City, town, or county)		23f. STATE (State)	
<b>St. Louis County Mo.</b>		<b>St. Louis County Mo.</b>		<b>Mo.</b>	
24. FUNERAL DIRECTOR'S ADDRESS <b>Southern Funeral Home</b> <b>6322 S. Grand, St. Louis, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>APR 3 '58</b>		26. REGISTRAR'S SIGNATURE <b>Paul Smith MD</b> <b>m8B</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. D. B. Bley  
5203 Chippewa

1-6-4

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 *Acid Van Fossan* .....

Licensed Embalmer No. *4242*  
P. O. Address *31. Lewis St*

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.