Health, Welfare Public Service

300 -57

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-012432
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2723

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2224 Warren St. — Length of stay in 1b 01

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2090 2224 Warren St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Justin Middle Urban Last (Urbanowicz)

4. DATE OF DEATH Month 3 Day 5 Year 58

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 12-8-1889
9. AGE (In years last birthday) 68 — 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) Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY Shoe
11. BIRTHPLACE (City and state or country) Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Urbanowicz
13b. MOTHER'S MAIDEN NAME Eva
14. NAME OF HUSBAND OR WIFE Mary Wodowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Urban Address 2224 Warren St.

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) Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 331X
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 March 1, 58, to March 5 and last saw her/him alive on March 3, 58
Death occurred at March 5 5:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J J Vizgird (Degree or title) MD
22b. ADDRESS 3511 University St.
22c. DATE SIGNED March 7/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-8-58
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR ST. LOUIS FUNERAL HOME ADDRESS 2205 St. Louis Ave.
25. DATE RECD. BY LOCAL REG. MAR 7 '58
26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Student .....
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. L.

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.