

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019435  
State File No.

FILED MAY 29 1958

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

5403

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, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 7 Days.		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital.		STREET ADDRESS 3119 Gasconade Ave.,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Rose		b. (Middle)		c. (Last) Abramczyk	
5. SEX Female		6. COLOR OR RACE White		4. DATE OF DEATH (Month) (Day) (Year) May 20--1958	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH AUG. 3RD 1880		9. AGE (In years last birthday) Months Days Hours Min. 77 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assorting Waste Mat.		10b. KIND OF BUSINESS OR INDUSTRY Mat. Aaron Ferer & Sons		11. BIRTHPLACE (City and State or Foreign Country) Poland 4	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Thomas Panus		13b. MOTHER'S MÄIDEN NAME Agnes Rutkowska	
14. NAME OF HUSBAND OR WIFE Alexander (deceased)		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. 498-10-8378	
17. INFORMANT'S SIGNATURE OR NAME CATHERINE LUKOWSKI		ADDRESS 4405 NO. 20TH ST			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilat. Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) 491x			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		Lungs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 13, 19 58, to May 20, 19 58, that I last saw the deceased alive on May 20, 19 58, and that death occurred at 10:45 P.M. from the causes and on the date stated above.					
23a. SIGNATURE John W. Beckham, M.D.		(Degree or title)		23b. ADDRESS 5800 Arsenal St.	
23c. DATE SIGNED 5/21/58		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY. 24TH 1958	
24c. NAME OF CEMETERY OR CREMATORY CALVARY - CEMETERY		24d. LOCATION (City, town, or county) ST. LOUIS		(State) MO.	
DATE REC'D BY LOCAL REG. MAY 22 58		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Brockland Wood, Co.	
		ADDRESS 1827 - HOGAN - ST.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. Simpson*.....

Licensed Embalmer No. *419*.....

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.