

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019645
State File No.

FILED MAY 19 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4771**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis,		c. LENGTH OF STAY (In this place) 19 days	c. CITY OR TOWN St. Johns, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital		STREET ADDRESS (If rural, give location) 27 3581 Boswell	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) (Droskey)	c. (Last) Drozkowski.	4. DATE OF DEATH (Month) (Day) (Year) May 3, 1958
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widower	8. DATE OF BIRTH Aug. 13, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 8	IF UNDER 1 HR. Days 20	Hours 1	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	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? 0				

13a. FATHER'S NAME John	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Rose St. Louis, Mo. About 1908
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME <i>John Drozkowski</i>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) St. mid. cer. art. thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis		19 days
	DUE TO (c) Generalized arteriosclerosis		19 days.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **April 14, 1958**, to **May 3, 1958**, that I last saw the deceased alive on **May 3, 1958**, and that death occurred at **2,00A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>John W. Beckham, M.D.</i>	(Degree or title)	23b. ADDRESS 5800 Arsenal	23c. DATE SIGNED 5/3/58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 6, 1958	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAY 5 '58	REGISTRAR'S SIGNATURE <i>Earl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Earl Smith</i>	ADDRESS St. Louis Funeral Home 2205 St. Louis
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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 *Lawrence O. Healy*

Licensed Embalmer No. *4177*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.