

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045546
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11938

300
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"/>		d. STREET ADDRESS (If outside, give location) R/09 4246 Clay Avenue,	
38 FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hospital		Length of stay in lb Life	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last CHRISTINE MARIE CZAPLISKIE			4. DATE OF DEATH Dec. 9th, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27, 1898
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing Department	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Spring	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis Gebhardt		13b. MOTHER'S MAIDEN NAME Christine Fendrick	14. NAME OF HUSBAND OR WIFE Alfred G. Czapliskie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 487-20-5570	17. INFORMANT Address Clarence Czapliskie, 10543 St. Michaels Lane
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarct</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Coronary Sclerosis and Angina</i> DUE TO (c) <i>Hypertensive Cardiovascular Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension 1953 treated with RAI</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Few Minutes</i> <i>Three years</i> <i>About 5 yrs</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1	
20c. TIME OF INJURY Hour Month, Day, Year a.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 <i>6-11-53</i> to <i>12-9-58</i> and last saw ^{her} _{him} alive on <i>12-2-58</i> Death occurred at <i>2P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>A. Steiner MD</i>		22b. ADDRESS <i>3903 Olive Str.</i>	22c. DATE SIGNED <i>12/10/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>12/12/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Memorial Gardens</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>

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.

24. FUNERAL DIRECTOR ADDRESS
VALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri

25. DATE RECD. BY LOCAL REG. DEC 11 '58

26. REGISTRAR'S SIGNATURE
Carl Smith MD
mjb.

(Licensed Embalmer's Statement on Reverse Side)

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 *Ralph T. Lindner*

Licensed Embalmer No. *4275*
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.