

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023319

STATE FILE NUMBER

2,5455

FILED JUN 18 1959

Registration District No. Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St. Louis, Missouri</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb <i>5705a Woodland</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> <i>5705a Woodland Av.</i>	
3. NAME OF DECEASED (Type or print) First <i>Michael</i> Middle <i>A.</i> Last <i>Retkowski</i>		4. DATE OF DEATH Month <i>June</i> Day <i>8</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 1, 1902</i>
9. AGE (In years last birthday) <i>57</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mallinckrodt Chemical Wks.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Michael Retkowski</i>		14. MOTHER'S MAIDEN NAME <i>Julia Kowalski</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes W. W. I</i>		16. SOCIAL SECURITY NO. <i>497-07-9485</i>	17. INFORMANT Address <i>Clara Retkowski, 5705a Woodland Ave.</i>
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>carcinoma of lung rt</i> <i>carcinoma of lung, rt</i> 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) <i>163x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 yrs</i>
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 <i>1-19-57</i> to <i>6-8-59</i> and last saw ^{him} alive on <i>6-8-59</i> Death occurred at <i>3:15 am 3:15 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. W. Knapp</i> (Degree or title) D.O. <i>2</i>		22b. ADDRESS <i>4991 Thrush ave</i>	22c. DATE SIGNED <i>6/8/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June 10, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 8 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

(Licensed Embalmer's Statement on Reverse Side)

S.P.

Health, & Welfare
Public Service

S. 300
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securing the medical certification in the specific manner required by 173.140 RSMo 1959.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *[Handwritten Signature]*.....

Licensed Embalmer No: *395*.....

P. O. Address *[Handwritten Address]*.....

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.