

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028749

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STATE FILE NUMBER

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)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in 1b 5 Days		c. CITY OR TOWN ADDYVILLE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALEXIAN BROS				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R#1	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN ROZYCKI				4. DATE OF DEATH Month Day Year JULY 21, 1960			
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-22-82	
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUNCH PRESS OPERATOR				10b. KIND OF BUSINESS OR INDUSTRY		11. (BIRTHPLACE (City and state or country) DU BOIS, ILL	
12. CITIZEN OF WHAT COUNTRY U.S.A							
13a. FATHER'S NAME CASIMIR ROZYCKI				13b. MOTHER'S MAIDEN NAME JOSEPHINE SMUKA		14. NAME OF HUSBAND OR WIFE ANNA ROZYCKI	
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. 488-07-8382		17. INFORMANT ANNA ROZYCKI Address ADDYVILLE, ILL	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Auricular fibrillation</u> 420.0 DUE TO (c) <u>Arteriosclerotic HEART DISEASE</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 a.m. p.m.		Month, Day, Year					
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 <u>July 17 - 1960</u> to <u>July 21, 1960</u> and last saw ^{her} him alive on <u>July 21, 1960</u> Death occurred at <u>4:25 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Todd Millcall</u> (Degree or title)				22b. ADDRESS 3933 So Roxbury		22c. DATE SIGNED 7-22-60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-22-60		23c. NAME OF CEMETERY OR CREMATORY ST MARY'S MARGALEN		23d. LOCATION (City, town, or county) TODD MILLCALL	
24. FUNERAL DIRECTOR <u>John A. Gyonoch</u> ADDRESS <u>East St. Louis</u>				25. DATE RECD. BY LOCAL REG. JUL 22 1960		26. REGISTRAR'S SIGNATURE <u>Leon Smith. M.D.</u> S.P.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 John E. Gonzalez
Licensed Embalmer No. 3348

P. O. 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.