

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009446

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 647

FILED MAR 15 1962

VS 300 Rev. 4/59

14001

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RATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY St Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ballfontains Neighbors Length of stay in lb 8 mo.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis State School & Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  
 a. STATE Miss b. COUNTY St Louis City  
 c. CITY OR TOWN St Louis (7) Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1215 Herbert Street Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last Edward Sutkowski 4. DATE OF DEATH Month Day Year Feb 22 1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Feb 23, 1918 9. AGE (last birthday) 43 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) now 10b. KIND OF BUSINESS OR INDUSTRY now 11. BIRTHPLACE (City and state or country) St Louis, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Alexander Sutkowski 13b. MOTHER'S MAIDEN NAME Martha Chrganowski 14. NAME OF HUSBAND OR WIFE now

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. now 17. INFORMANT Records of St Louis State School & Hosp Address St Louis 37

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cardiac failure INTERVAL BETWEEN ONSET AND DEATH 3 wks  
 DUE TO (b) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 782.4

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental retardation PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 May 10 1961 to Feb 1962 and last saw her alive on Feb 22, 1962  
 Death occurred at 10:50 AM on the date stated above, and to the best of my knowledge, and to the causes stated.

22a. SIGNATURE (Degree or title) William P. Hauptmann M.D. 22b. ADDRESS 10695 Ballfontains Rd St Louis 87 22c. DATE SIGNED 22 Feb 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-24-62 23c. NAME OF CEMETERY OR CREMATORY St. Peter's 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

25. DATE RECD. BY LOCAL REG. 2-23-62 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

JOHN STYGAR & SON = 5541 RIVERVIEW BLVD. (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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 *J. M. Rester*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo

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.