

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-028523

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7133 STATE FILE NUMBER

FILED JUL 31 1962

1. PLACE OF DEATH
 a. COUNTY St. Louis, Missouri
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b two years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Our Lady of Perpetual Help Nursing Home Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3419 Gasconade Street Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Sister Mary Susanne Chojnowska July 19, 1962

5. SEX F 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/7/1890 9. AGE (last birthday) 71 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) Domestic 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Wiszwate, Poland 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Constantine Chojnowski 13b. MOTHER'S MAIDEN NAME Anna Wiszwata 14. NAME OF HUSBAND OR WIFE None

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. None 17. INFORMANT Address Mother M. Constance 201 Brotherton 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) Congestive heart failure INTERVAL BETWEEN ONSET AND DEATH 3 mon.
 DUE TO (b) Bleeding peptic ulcer Unknown
 DUE TO (c) Generalized arteriosclerosis "
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 540.0 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 Apr. 2, 1962 to July 19, 1962 and last saw her/him alive on July 18, 1962
 Death occurred at 6 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS 3654 S. Grand Blvd. 22c. DATE SIGNED 7.20.62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7/21/62 23c. NAME OF CEMETERY OR CREMATORY Villa St. Joseph 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. GENERAL DIRECTOR ADDRESS JOHN STYGAR & SON - 5541 RIVERVIEW BLVD. 25. DATE RECD. BY LOCAL REG. JUL 20 1962 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
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 2 21
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86

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. R. Rister*

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.