

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044928

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11301** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 30 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **S t. Louis** Length of stay in lb
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Deaconess Hoap** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY
c. CITY OR TOWN **St. Louis** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4753 Alaska Ave** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Mary A Stolarski** 4. DATE OF DEATH Month Day Year **Nov. 23, 1962**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **9/18/87** 9. AGE (last birthday) **75** 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) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Poland** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Trudzinski** 13b. MOTHER'S MAIDEN NAME **Frances Szymanski** 14. NAME OF HUSBAND OR WIFE **Ignatius Stolarski**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **unk** 17. INFORMANT **Ignatius Stolarski 4753 Alaska** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arteriosclerotic Heart disease.**
DUE TO (b) **Pulmonary edema.**
DUE TO (c) **420.0**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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.
 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 Month, Day, Year a.m. p.m.
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 **8-20-62** to **11-23-62** and last saw her/him alive on **11-23-62**. Death occurred at **8-20-62** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Louis F. Howe M.D.** 22b. ADDRESS **8806 Harrison Brentwood 17 Mo** 22c. DATE SIGNED **11-24-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **11/27/62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo**

24. FUNERAL DIRECTOR ADDRESS **Edward Fendler 5611 South Grand Blvd.** 25. DATE RECD. BY LOCAL REG. **NOV 26 1962** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATE

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
2 **2/5**
3
4 **1**
5 **1**
6
7 **2**
8 **1**
9
10
11
12 **58-0**
13

58

Handwritten notes:
Helen P. Taylor
Croner
11-26-62

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 Edward J. Fendler

Licensed Embalmer No. 5194

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.