

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-049871**  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12578**

**FILED DEC 27 1963**

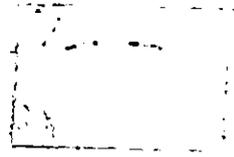
DO NOT WRITE ON THIS STUB  
AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	DATE AMENDED
Rev. 4/59		
1		
2 <b>2/17</b>		
3		
4 <b>1</b>		
5 <b>2</b>		
6		
7 <b>0</b>		
8 <b>1</b>		
9		
10		
11		
12 <b>81-0</b>	SHOULD READ	
13		
<b>81</b>	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>4046 McRee</b>	
3. NAME OF DECEASED First Middle Last <b>Helen V. Radomski</b>			4. DATE OF DEATH Month Day Year <b>Dec. 17, 1963</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 5, 1907</b>
9. AGE (last birthday) <b>56</b>		10. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	11. CITIZEN OF WHAT COUNTRY <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cafeteria Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Scruggs</b>	
13a. FATHER'S NAME <b>Andrew Komoroski</b>		13b. MOTHER'S MAIDEN NAME <b>Veronica Strump</b>	
14. NAME OF HUSBAND OR WIFE <b>Robert W. Radomski</b>		17. INFORMANT <b>St. Louis, Mo. Robert D. Radomski 4323 Forest Dale</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SEVERE HYPOTENSION</b> DUE TO (b) <b>PNEUMONECTOMY FOR ADV. CANCER OF LUNG - RIGHT</b> DUE TO (c) <b>CANCER OF LUNG</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>163 x</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <b>12/10/63</b> to <b>12/18/63</b> and last saw her alive on <b>12/17/63</b> Death occurred at <b>10:52 PM 12/17/63</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Richard N. W. M.D.</b>		22b. ADDRESS <b>52 MARYLAND PLAZA</b>	
22c. DATE SIGNED <b>12/18/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-19-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
24. FUNERAL DIRECTOR <b>Southern Funeral Home</b>		25. DATE REGD. BY LOCAL REG. <b>DEC 19 1963</b>	
ADDRESS <b>6322 S. Grand, St. Louis, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Roal Smith, M.D.</b>	

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI



**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 David Van Fossan

Licensed Embalmer No. 4242

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.