

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

17
77
PLACE OF DEATH
AND
74
RESIDENCE
0315

DECEDENT
PERSONAL
DATA
71
9
757

CAUSE
OF
DEATH
(ITEM 18)
0
0

OPERATIONS,
AUTOPSY
4

MEDICAL
CERTIFICATION
+

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION
/

FUNERAL
DIRECTOR
AND
REGISTRAR
85
110

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 10 Yr. IN ARIZONA 10 Yr.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona				B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS 2335 No. 55th, Street	
D. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (TYPE OR PRINT) Dominik Nono Kowalski			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married				
6B. NAME OF SPOUSE Lucy		7. DATE OF BIRTH MONTH DAY YEAR Aug. 4 1885		8. AGE (IN YEARS) LAST BIRTHDAY 71	IF UNDER 1 YEAR MONTHS DAYS 11 15	IF UNDER 24 HRS. HOURS MIN. 15	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Hardware Dealer		
9B. KIND OF BUSINESS OR INDUSTRY Hardware		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Poland		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No No		13. SOCIAL SECURITY NO. None	
14A. FATHER'S NAME John		14B. BIRTHPLACE (STATE OR COUNTRY) Poland		15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown			
16. INFORMANT'S SIGNATURE Lucy Kowalski				ADDRESS 2335, No 55th, Street		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 19, 1957			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) <u>Memoria - chronic</u> DUE TO (B) <u>Chronic prostatic obstruction</u> DUE TO (C) <u>① Esophageal failure ② pneumonia - hypostatic</u>				INTERVAL BETWEEN ONSET AND DEATH 3 yrs 24 hrs 12 hrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>May</u> , 19 <u>57</u> , TO <u>July 19</u> , 19 <u>57</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>July 19</u> , 19 <u>57</u> , AND THAT DEATH OCCURRED AT <u>10:20 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
22A. SIGNATURE (DEGREE OR TITLE) <u>John Thomas Wlazinski MD</u>				22B. ADDRESS <u>800 N. 1st Ave</u>		22C. DATE SIGNED <u>7/25/57</u>			
23A. ACCIDENT SUICIDE HOMICIDE <u>NATURAL CAUSE</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>HOME</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Phoenix, Arizona</u>					
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED			
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>July 23, 1957</u>		25C. NAME OF CEMETERY OR CREMATORY <u>St Francis Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>			
26A. DATE REC. BY LOCAL REG. <u>7/27/57</u>		26B. REGISTRAR'S SIGNATURE <u>Paul J. Johnston</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Charles E. Mercer</u>		27B. ADDRESS			
28A. EMBALMER'S SIGNATURE <u>Charles E. Mercer</u>		28B. EMBALMER'S CERT. NO. <u>304R.</u>							