1913

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

LEG. JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

156 9 41582
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 11271

(c) City St. Louis (d) Street No. EnRoute to City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Szelongowski

(a) Residence, No. 1509 St Louis Ave St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS abt. 47 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Worker
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

FATHER
13. NAME: Stanley Szelongowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER
15. MAIDEN NAME: Josephine Malinowski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT (ADDRESS): Joseph Szelongowski, Springfield Mass

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 12/31/38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Peetz Bros., 3029 Lafayette Av.

20. FILED DEC 31 1938 J. N. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

Aortic Stenosis;
Cardiac Hypertrophy.

Date of onset

Other contributory causes of importance: 92a

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury see above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred Perry, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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 _____,

Registered Apprentice No._____, working under my personal supervision.

Signed Frank J. Evans

Licensed Embalmer No. 2285

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 this body is not embalmed, above space should be left blank.