

26 1939

RECD MAR 9 1939

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

7833
Do not use this space.

Registered No. 349

1. PLACE OF DEATH

(a) County, St. Louis on 2 Registration District No. 784
(b) Township, Jefferson Primary Registration District No. 111
(c) City, Richmond Heights (d) Street No. 7469 Hiawatha 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 Frank J. Olexinski

(a) Residence, No. 7469 Hiawatha St.
(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Austria

FATHER 13. NAME Frank Olexinski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Mr. Richard Kernal
(ADDRESS) 7469 Hiawatha Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Feb. 27, 1939

19. FUNERAL DIRECTOR Croghan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED FEB 26 1939 W.C. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 27th 1935, to February 24th 1939
I last saw him alive on February 24th 1939 Death is said to have occurred on the date stated above, at 89 An.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
Arteriosclerosis

Date of onset

Other contributory causes of importance:

High blood pressure

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W.C. Meyer, M. D.
(Address) 2124 Russell

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.

Dr. Feiderer
Dr. Russell

10 am
am

STATEMENT BY LICENSED EMBALMER

I, Francis A. Williamson, Licensed Embalmer No. 3565

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Francis A. Williamson

Licensed Embalmer No. 3565

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.)