29

JUL 12 1939

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

20529
Do not use this space.
5373

Registration District No. 791
Primary Registration District No. 1003
Registered No.

1. PLACE OF DEATH
(a) County
(b) Township
or
(c) City
(d) Street No. City Hospital 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth 60 yrs. mos. ds.

2. PRINT FULL NAME 22 Ignatz Nicholas Paszkowski
(a) Residence, No. 5515 Partridge Ave. St. 7
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1864

7. AGE: Years 75 | Months 2 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Iron 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 Ignatz Paszkowski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER
15. MAIDEN NAME Anna Schultz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poand

17. INFORMANT Agnes Paszkowski
(ADDRESS) 5515 Partridge Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 6/19/39 19

19. FUNERAL DIRECTOR (NAME) W. A. Stock Und. Co
(ADDRESS) 2117 East Grand

20. FILED JUN 16 1939 J. F. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1939 19

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 2.40 P.M.
The principal cause of death and related causes of importance were as follows:

Fracture of right leg (Femur) arteriosclerosis as a result of being knocked to the ground by unidentified boys playing catch in front of 5676 West Florissant Ave., about 5:00 P.M., May 21, 1939. ACCIDENT.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... No
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? accident Date of injury 5-21, 1939
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place.
Manner of injury see above
Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph M. Lucke M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

Form I X16605

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 C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.