

390 JUL 12 1939

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

20978
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No. 791
(b) Township..... 1 Primary Registration District No. 1003
(c) City..... St. Louis (d) Street No. Alexian Bros. Hospital
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 5822

2. PRINT FULL NAME Emil W. Bujewski

(a) Residence, No. 7010 Mitchell Ave. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta Bujewski
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 - 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stove Holder
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) Davenport Iowa 1
(STATE OR COUNTRY)

FATHER
13. NAME Theodore Bujewski 6

14. BIRTHPLACE (CITY OR TOWN) Germany 6
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary S. Sopinski 6

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

17. INFORMANT Augusta Bujewski
(ADDRESS) 7010 Mitchell Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE July 1 1939

19. FUNERAL DIRECTOR Croghan
(ADDRESS) 7146 Manchester Ave.

20. FILED JUN 30 1939 J. F. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to June 29, 1939
I last saw him alive on June 27, 1939 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Degenerative Myocarditis Date of onset 3/1/39
Other contributory causes of importance: Pericarditis - Sclerotic 1 yr

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) S. A. Master, M. D.
(Address) 439 Bates

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.

50M-7-20-37 I. X12004

Herbert W. Taylor
439 Bates Ave

Ri 1663

4151 Lyndon

Ri 6012

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.)