

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

21570
 Do not use this space.

JUL 6 1939

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 607
 or St Joseph
 (c) City St Joseph (d) Street No. 2511 Messaine 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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Raniszewski

(a) Residence, No. 2511 Messaine St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1849.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sexion Hand Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. C.B. & Q.
 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 Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. John Ceglenski
2511 Messaine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE June 15th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. O. Sidenfaden & S.
1802 Union St St Joseph Mo.

20. FILED June 14 39 H. J. Westhuck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1- 1939, to June 13, 1939
 I last saw him alive on June 13th, 1939 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Stenosis

Other contributory causes of importance:
Arteriosclerosis - 94%

Name of operation None Date of _____
 What test confirmed diagnosis? Chin 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) Frank J. Anderson M. D.
 (Address) Frank J. Anderson, 1134
St. Joseph Mo.

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.

11
 5
 7

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.....

Robert P. Clarkson

Registered Apprentice No.....

working under my personal supervision.

Signed

Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union St.

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.