

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27531
Registrar's No. 7031

REC'D SEP 14 1939

791
1008

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEATH HOSPITAL 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution BIRTH (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS [26]
(If outside city or town limits, write "RURAL")
(d) Street No. 1632 A. N. 19TH STR
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME INFANT ZYGMUNT 255

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG 12TH 1939
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1939 hour 9:43 minutes _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Stillborn Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature C. J. Signorelli (M. D. or other) _____
Address 1829 Cal's Date signed 8/13/39

8. AGE: Years Months Days If less than one day
STILL BORN _____ hr. _____ min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name WALTER ZYGMUNT

13. Birthplace ST. LOUIS, MO

14. Maiden name GENEYIEVE LUBASZEWSKI

15. Birthplace ST. LOUIS, MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Walter Zygmunt

(b) Address 1632 A North 19th Street

17. (a) BURIAL (b) Date thereof AUG 14 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brookland and Co

(b) Address 1827 HOGAN STR

19. (a) AUG 14 1939 (b) J. P. Reddick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39
U. S. G. P. 1 X1951

No. *Embalsming*

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 *Ray W. Wilkerson*
Licensed Embalmer No. *3575*
P. O. Address _____

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.