SEP 8 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33470

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1605

1. PLACE OF DEATH:

(a) County St. Louis County 2

(b) City or town Jennings (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5741 Hamilton Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis County 1

(c) City or town Jennings (If outside city or town limits, write "RURAL")

(d) Street No. 5741 Hamilton Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Podorski 362

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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 Sept 7 (Month) 1939 (Day) (Year)

8. AGE: Years | Months | Days | If less than one day ~~XXXXX~~ hr. 15 min.

9. Birthplace St. Louis County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business 0

FATHER
12. Name Leo Podorski 0
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name ? Cox
15. Birthplace Laredo (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Leo Podorski

(b) Address 5741 Hamilton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Undertakers

(b) Address 1841 Cass Ave.

19. (a) SEP 8 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1939 hour 8:15 minute P 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.

	Duration
Immediate cause of death	
Atelectasis	10 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

161a

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? (Specify type of place)

While at work? (e) Means of injury 4

23. Signature John [signature] (M. D. or other)

Address Coroner of St. Louis County Date signed 9/8/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

No Embalm

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.....

Licensed Embalmer No.....

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.