

JAN 12 1940

791

Registration District No. 1000

Primary Registration District No. _____

Registrar's No. 11172

1. PLACE OF DEATH:

(a) County 2
(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: 1416 N. 20TH STR. REAR.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 YRS. (Specify whether years, months or days)

In this community _____ years, months or days

8. (a) PRINT FULL NAME JOHN BEDNARKIEWICZ 35L

8. (b) If veteran, name war NONE 8. (c) Social Security No. _____

4. Sex MALE 6. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased MAY 16TH 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 6

11. Industry or business BLACKSMITH. 6

12. Name DONT KNOW 6

13. Birthplace GERMANY 6

14. Maiden name DONT KNOW (City, town, or county) (State or foreign country)

15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward S Bell

(b) Address 2239 MADISON ST

17. (a) BURIAL (b) Date thereof DEC. 30-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director BROCKLAND UND. CO.

(b) Address 1827 HOGAN STR

19. (a) DEC 29 1939 (b) J. B. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1
(c) City or town ST. LOUIS. 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1416 N. 20TH STR. = REAR =
(If rural, give location) 57.
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 27TH
year 1939 hour 12:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 23, 1939 to Dec. 27, 1939
that I last saw him alive on Dec. 27, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 mo.

Due to _____

Due to _____

Other conditions Arteriosclerosis
(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 1

23. Signature Anthony A. Prekorker (M. D. or other) MD

Address 1525 Cass Ave Date signed 12/27/39

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.

OCT 29 1957

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 Guy W. Wilkinson

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.