

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

42346
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 4224 Terrace 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 4 yrs. 4 mos. 0 da. (f) How long in U.S., if of foreign birth? 59 yrs. 0 mos. 0 da.

Registered No. 4755

2. PRINT FULL NAME Stanislaus J. Rynazewski

(a) Residence, No. 4224 Terrace 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 Agatha Rynazewski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13, 1868

7. AGE YEARS 73 MONTHS 0 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Switchman (Ret.)
 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) 1935 11. Total time (years) spent in this occupation 40 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Pozan 1
 (STATE OR COUNTRY) Poland.

FATHER 13. NAME Michael Rynazewski. 7

14. BIRTHPLACE (CITY OR TOWN) Unknown. 7
 (STATE OR COUNTRY) Poland

MOTHER 15. MAIDEN NAME Unknown.

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

17. INFORMANT Frank W. Renner.
 (ADDRESS) Easton Missouri.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem.
 PLACE St. Joseph Mo. DATE Dec. 18 1939

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

20. FILED Dec. 15, 1939 M.M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th 1939 to Dec 15th 1939
 I last saw him alive on Dec 14th 1939. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease

Date of onset

11/10/39

Other contributory causes of importance: 946

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?
 If so, specify Paul W. O. Rynazewski, M. D.
 (Signed) Paul W. O. Rynazewski
 (Address) 1402 Broadway Bldg

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.

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.....

Herman Wm Seidenfaden

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Herman Wm Seidenfaden

Licensed Embalmer No. *2728*

P. O. Address.....

St Joseph Mo

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.