S. No. 2
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FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9189

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2672

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 1416 N. 20th street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 21 (If outside city or town limits write "RURAL")

(d) Street No. 1416 North 20th str (If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME JOHN POKOJSKI

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 WIDOWED

6. (b) Name of husband or wife Natalie

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Nov (Month) 27 (Day) 1858 (Year)

8. AGE: Years 81 Months 3 Days 23 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) 7 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name 1
15. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

16. (a) Informant Joseph Pokojski

(b) Address 1416 North 30th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 26 (Day) 40 (Year)

(c) Place: burial or cremation S.S. Peter & Paul

18. (a) Signature of funeral director Central Und. Co

(b) Address 1841 Cass ave

19. (a) MAR 22 1940 (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1940 hour 3 minute 50A M.

21. I hereby certify that I attended the deceased from Jan 16 39 to 3 19 40; that I last saw it alive on 3 19 40, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	1 yr
Acute Myocarditis	5 days
Due to	
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	1 yr

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 no

(c) Where did injury occur? no (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

23. Signature B. F. Beegal (M. D. or other)

Address 1875 Madison Date signed 3 21 40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Slapper

Licensed Embalmer No. 2971

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.