

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4030**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1416a S. Broadway **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **40**
years, months or days) **677**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis,** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **1416 A S. Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **45** years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Joseph Felix Marciak Marshak**

8. (b) If veteran, name war **no** 8. (c) Social Security No. **492.03.7646**

20. DATE OF DEATH: Month **May** day **4**
year **1940** hour **3** minute **15 P.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

21. I hereby certify that I attended the deceased from **April 15** 19**40**, to **May 4** 19**40**
that I last saw him alive on **May 3** 19**40**
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife **Anna Marciak** 6. (c) Age of husband or wife if alive **63** years

Immediate cause of death
**Acute pulmonary edema
no pneumonia**
Due to **Myocardial insufficiency
and Chronic Bronchitis**
Duration _____

7. Birth date of deceased **About 1867**
(Month) (Day) (Year)

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

8. AGE: Years **About 63** Months **Unknown** Days _____ If less than one day hr. _____ min. _____

Major findings: Of operations **106**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation **Laborer** **7**

11. Industry or business **Gas Works** **7**

12. Name **Felix Marciak** **7**

18. Birthplace **Poland**
(City, town, or county) (State or foreign country)

14. Maiden name **Josephine Besletzky**

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

16. (a) Informant **Anna Marciak**

(b) Address **1416 A S. Broadway**

17. (a) **Burial** (b) Date thereof **5/7/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Wm. C. Moyall**

(b) Address **1926 Allen Ave.**

19. (a) **MAY 6 1940** (b) **[Signature]**
(Date received local registrar)

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 **R. J. Higgins** (M. D. ~~certified~~)
Address **2000 So. Broadway** Date signed **5-4-40**

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

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.....

Benj. C. Dunham

Licensed Embalmer No. *2272*

P. O. Address *1226 Allen*

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.