

314
No. 2
11-10-39
57-39
K2162

FILED JUN 15 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16574

State File No. _____
Registrar's No. **4052**

Registration District No. **791** Primary Registration District No. **1005**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis Missouri**
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution **6 Days**
In this community **25 Years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **1502 N. 15th St.**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Stanley Drzewiecki**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **3**
year **1940** hour **2** minute **15** P.M.

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **Hedwig Drzewiecki**
6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **May 2 1875**

21. I hereby certify that I attended the deceased from **April 28, 1940** to **May 3, 1940**, that I last saw him alive on **May 3, 1940**, and that death occurred on the date and hour stated above.

8. AGE: Years **65** Months **1** Days _____
If less than one day _____ hr. _____ min.

Immediate cause of death **Pulmonary Tuberculosis**
Duration _____

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation **Unemployed**

11. Industry or business _____
12. Name **Andrzej**
13. Birthplace **Poland**
14. Maiden name _____
15. Birthplace **Ukraine**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Charles Drzewiecki**
(b) Address **1457 Cass Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 7 1940**

(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Central**

(b) Address **1841 Cass Ave**
19. (a) **MAY 6 1940** (Date received local registrar) _____ (Registrar's signature)

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? _____

23. Signature **R. R. ...** (Specify type of place) _____
(e) Means of injury _____
Address **1515 Lafayette** Date signed **5/3/40**

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

FATHER
MOTHER

fw etc

AUG 6 1954

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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 *Robert W. Kayne*

Licensed Embalmer No. *1861*

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.