

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.

SEP 25 1940

Registration District No. **791**

Primary Registration District No. **1004**

Registrar's No. **6552**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis, 25  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1435a North 10th. Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st. 1940  
 year 1940 hour 10:20 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Carcinoma of Sigmoid;

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Alfred J. Perry (M. D. or other) \_\_\_\_\_  
 Address Deputy Coroner Date signed 8/2/40

8. (a) PRINT FULL NAME Anna Napiorkowski

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. 494-10-1531

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 16 1876  
 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Sorting

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Boguska

13. Birthplace ? Poland  
 (City, town, or county) (State or foreign country)

14. Maiden name ? Poland

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

16. (a) Informant's own signature Joseph Napiorkowski  
 (b) Address 4032a Pleasant Street

17. (a) Burial (b) Date thereof August 3, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home  
 (b) Address 2233 University Street

19. (a) AUG 2 1940 (b) J. F. Madack  
 (Date received local registrar) (Registrar's signature)

**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 *Edward J. Bockhorst*

Licensed Embalmer No. *2502*

P. O. Address *Clayton, Ill*

**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.**