DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27203

FILED SEP 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7099

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary. 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1yr. 21dys. (Specify whether

In this community 56yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State O Mo. (b) County St. Louis.

(c) City or town St. Louis. 13

(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St.

(If rural, give location)

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

3. (a) PRINT FULL NAME Anthony Kalinoski. 1452

3. (b) If veteran, name war Unknown.

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Margaret Blaszkiewicz

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

7. Birth date of deceased October (Month) 25, (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
76	29	28	hr. min.

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

10. Usual occupation No Occupation.

11. Industry or business X

FATHER
12. Name Antoni Kalinoski
13. Birthplace Poland. (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Poland. (City, town, or county) 7 (State or foreign country)

16. (a) Informant's own signature Wm. Kalinowski

(b) Address 1606 N. 14 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave.

19. (a) AUG 23 1940 (Date received local registrar) (b) J. F. Bradcock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month August day 21, year 1940 hour 5:10 minute p. M.

21. I hereby certify that I attended the deceased from August 18, 1938, to August 21, 1940; that I last saw him alive on August 21, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions nephrosclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as given above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Maxwell (M. D. or other)

Address 5600 Arsenal, St. Louis Date signed 8/22/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.