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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D NOV 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33785

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 848

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

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5431 Robin.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 65 Years years.

3. (a) PRINT FULL NAME Joseph Taszarek

3. (b) If veteran, name war

3. (c) Social Security No. 488-18-6336

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bernice

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. (Month) 7, (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	5	hr. min.

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

10. Usual occupation Chipper, Foundry

11. Industry or business Shuck SFoundry

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

MOTHER
14. Maiden name Mary Ann Chudak
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Mrs Jos. Taszarek
(b) Address 5939 Theodore Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/40 (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) OCT 14 1940 (Date received local registrar) (b) J. F. Buckley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th year 1940 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 7/1/40, 19..., to 10/12, 19 40 that I last saw him alive on 10/11, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Carcinoma of Prostate

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
(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 J. J. McDonald (M. D. or other)
Address 1515 Lafayette Date signed 10/12/40

(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. 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.