301
No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40621

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10392

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

1. PLACE OF DEATH:

(a) County 1

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

(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County

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

(d) Street No. 1434 Hogan St. (If rural, give location) 21

(e) If foreign born, how long in U. S. A.? 51 Years years.

3. (a) PRINT FULL NAME Joseph Kowalski

3. (b) If veteran, name war

3. (c) Social Security No. 497-16-5583

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna

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

7. Birth date of deceased May (Month) 14, (Day) 1877 (Year)

8. AGE: Years 63 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Watchman

11. Industry or business Police Station No. 4 7

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

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

16. (a) Informant Martha Nowicki

(b) Address 1434 Hogan St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation ~~New~~ old SS. Peter and Paul

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

(b) Address 2205 St. Louis Ave.

19. (a) DEC 18 1940 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16, year 1940 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from December 7, 1940 to December 16, 1940 that I last saw him alive on December 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic

Due to Arteriosclerosis, general

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 [signature] (M. D. or other)

Address 1515 Lafayette Ave., Date signed 12/16/40

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

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