

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 10600

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month and one day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Everette Kiselewski
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 21 1940.
(Month) (Day) (Year)

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

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Leo Kiselewski
18. Birthplace Sheller Illinois
(State or foreign country)
14. Maiden name Martha Antosiak
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Leo Kiselewski
(b) Address 5529a Oriole Ave.

17. (a) Burial (b) Date thereof Dec. 24, 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

19. (a) Dec 24 1940 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5529a Oriole
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 22
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 21, 1940
to Dec 22, 1940;
that I last saw him alive on Dec 22, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive enlargement of heart -
Due to congestive

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

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Paul Saunders (M. D. or other) _____
Address 1524 Cass St Date signed 12/24/40

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.

Not Embalmed.

Signed.....

Licensed Embalmer No.....

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.