DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 525

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 525

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: in front of 4005 Gravois Avenue (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) En Route to City Hospital

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis 116 (If outside city or town limits, write "RURAL")

(d) Street No. 4123a Chippewa Street 9 (If rural, give location)

(e) If foreign born, how long in U.S.A.? Not Attending Physician years.

3. (a) PRINT FULL NAME Jane Podchajecki

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Alex Podchajedki

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

7. Birth date of deceased December (Month) 15, (Day) 1906 (Year)

8. AGE: Years 34 | Months 1 | Days 0 | If less than one day hr. min.

9. Birthplace Warsaw (City, town, or county) 8 Poland (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name John Lesniewski
13. Birthplace (City, town, or county) 8 Poland (State or foreign country)

MOTHER
14. Maiden name Julia Yckwoski
15. Birthplace (City, town, or county) 8 Poland (State or foreign country)

16. (a) Informant's own signature Julia Lesniewski

(b) Address 4123a Chippewa St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) JAN 17 1941 (Date received local registrar) (b) J. H. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1941 hour 9 minute 15 P.M.

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

Immediate cause of death Duration

Bullet Wound of Brain Skull Inflicted at the hands of one

Due to Alexander Podchajecki in front of 4007 Gravois ave

Due to about 9 am Jan 15. 1941

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 166

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) Homicide

(b) Date of occurrence Jan 15, 1941

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 15 Public Place (Specify type of place)

While at work? (e) Means of injury 3

23. Signature James J. Fitzsimmons (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

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.....John Kelter.....

Licensed Embalmer No.....3880.....

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.