

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
In this community 3 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME WILLIAM HENRY JASINSKI

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced m. 1
6. (b) Name of husband or wife Eva Jasinski 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Oct. 1 1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 5 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Truck Driver

11. Industry or business Columbia Motor Aero

12. Name Anthony Jasinski

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Helty

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Jasinski
(b) Address 1932 Warren St.

17. (a) Burial (b) Date thereof Feb. 17, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Friedewilhelm
(b) Address 1936 St. Louis Ave.

19. (a) FEB 17 1941 (b) [Signature]
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County OSG
(c) City or town ST. LOUIS 1726
(If outside city or town limits, write "RURAL")
(d) Street No. 1932 WARREN 9
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 14
year 1941 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from DECEMBER 28, 1940, to FEBRUARY 14, 1941;
that I last saw him alive on FEBRUARY 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Glomerulonephritis

Due to MI

Other conditions Fibrinous Pericarditis
(Include pregnancy within 3 months of death)

Major findings: Uremic Cystitis + Colitis

Of operations Fibrinous Pericarditis Rt.

Of autopsy Hypertrophy of the heart
Pleural Effusion, Right
as above

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 0

23. Signature John N. Mayer, Jr. (M. D. or other)
Address BARNES HOSPITAL Date signed 2/15/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Delis J. Krupar

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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, fact should be so stated above.