

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.

MAR 25 1941

Registration District No. 29

Primary Registration District No. 1005

Registrar's No.

1531

1. PLACE OF DEATH:

(a) County _____
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital
 (If not a 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

3. (a) PRINT FULL NAME JOHN S. CZERWINSKI

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

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 May 8 1896
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>44</u> | <u>9</u> | <u>7</u> | hr. _____ min. _____ |

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

10. Usual occupation Polish

11. Industry or business City of St. Louis

12. Name Michael Czerwinski

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

14. Maiden name W. Biernacka

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

16. (a) Informant's own signature Barbara Czerwinski
 (b) Address 1628 Helen St

17. (a) Burial
 (Burial, cremation, or removal)
 (b) Date thereof 2 18 41
 (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Central Burial Co
 (b) Address 1841 Cass Ave

19. (a) FEB 17 1941
 (Date received local registrar)
 (b) J. W. Brodeur
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis 11 26
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1628 Helen St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
 year 1941 hour 4 minute 45 A. M.

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

Immediate cause of death: Fracture of skull, subdural hemorrhage of brain superior lobe, which fell in result of 1511 W. 47th St. Detroit 1
 Due to _____
 Due to 11:00 PM Feb 14, 1941

Other conditions: _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Feb 14 1941
 (c) Where did injury occur? St. Louis
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
25 Union Place
 (Specify type of place)
 While at work? No (e) Means of injury 3 feet

23. Signature Alfred Perry (M. D. or other)
 Address 1628 Helen St Date signed 2/17/41

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

Harford G. Burnley

Licensed Embalmer No. *4202*

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.