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17-39  
X23159

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13215  
Registrar's No. 3645

Registration District No. 7917

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS MO.  
(c) Name of hospital or institution: RESIDENCE  
5723 WOODLAND AVE  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5723 Woodland ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME BLAZEJ MIZERA

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 MARRIED

6. (b) Name of husband or wife ROZALIE MIZERA 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased OCTOBER 20 1883  
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation UNEMPLOYED

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Rozalia Mizera  
(b) Address 5723 Woodland Ave

17. (a) BURIAL (b) Date thereof MAY 1-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CANVARY CEMETARY

18. (a) Signature of funeral director Central Trust Co  
(b) Address 1841 CASS AVE ST. LOUIS MO

19. (a) APP 29 1941 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1941 hour 2:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 10 to April 27 1941, to April 27 1941, that I last saw him alive on April 27 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Pneumonia

Due to \_\_\_\_\_  
Due to un known

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 11/5

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Brudeck (M. D. or other) \_\_\_\_\_  
Address 1841 Cass Ave Date signed 4/28/41

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..... *J. Wm. Binkley*.....

Licensed Embalmer No. *36531*

P. O. Address *H. Lewis M*

**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.**