

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16292

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3810

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

1. PLACE OF DEATH:

(a) County 2233 Howard St.

(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:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 36 years
years, months or days

3. (a) PRINT FULL NAME Joseph Gorczynski

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 Josephine Gorczynski alive 52 years

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

7. Birth date of deceased Dec. 15, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Foundry Worker

11. Industry or business _____

MOTHER FATHER

12. Name Frank Gorczynski

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

14. Maiden name Cichowicz

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

16. (a) Informant Josephine Gorczynski (wife)

(b) Address 2233 Howard

17. (a) Burial (b) Date thereof 5/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director B. K. Kowalski

(b) Address 2205 St. Louis Ave.

19. (a) MAY 5 1941 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2233 Howard St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 36 years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-3- day 41
year 1941 hour _____ minute 10:45 P. M.

21. I hereby certify that I attended the deceased from 1938
_____, 19____, to 4-30-41, 19____;
that I last saw him alive on 4-30-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic interstitial nephritis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 D

23. Signature J. J. Brudeck (M. D. or other)

Address 1901 Madison St Date signed 5-5-41

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.....

Robert H. Happe

Licensed Embalmer No. 1861

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, fact should be so stated above.