

No. 2  
-1-4-41  
5-17-39  
I X26390

FILED JUN 25 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16528  
State File No. \_\_\_\_\_  
Registrator's No. **4046**

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Louis City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 Days** (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME **Stanislaus Ogonowski**  
3. (b) If veteran, **none** name war \_\_\_\_\_ 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **married**  
6. (b) Name of husband or wife **Anna Ogonowski** 6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **April 6 1886** (Month) (Day) (Year)

8. AGE: Years **55** Months **1** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Miss. Madan Poland** (City, town, & county) (State or foreign country)

10. Usual occupation **Unemployed years**

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name **Andrzej Ogonowski**  
13. Birthplace **Poland** (City, town, or county) (State or foreign country)  
14. Maiden name **Victoria Kzyk**  
15. Birthplace **Poland** (City, town, or county) (State or foreign country)

16. (a) Informant **Anna Ogonowski**  
(b) Address **1439 Chamber**

17. (a) **Burial** (b) Date thereof **5-16-41** (Month) (Day) (Year)  
(c) Place: burial or cremation **Catholic Cemetery**

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

19. (a) **MAY 14 1941** (b) **J. N. Budach** (Date received local registrar) (Registrar's signature)

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") **267**  
(d) Street No. **1439 Chamber st** (If rural, give location) **5**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **13**, year **1941** hour **1:55** minute **A.** M.  
21. I hereby certify that I attended the deceased from **May 10**, 19 **41** to **May 13**, 19 **41**  
that I last saw h. **alive** on **May 13**, 19 **41** and that death occurred on the date and hour stated above.  
Immediate cause of death **Chronic myocarditis** Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **Dr. W. F. K. ...** (M. D. or other) **(C)**  
Address **1515 Lafayette Avenue** Date signed **5/13/41**

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**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 *Walter 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, fact should be so stated above.**