

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18947

Registration District No. 789

Primary Registration District No. 101

Registrar's No. 1167

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 2665 Hord Ave.
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1941 hour 4 minute :45 P.M.

21. I hereby certify that I attended the deceased from 5-30-41
1941 to 6-2-41
that I last saw him alive on 6-2-41
and that death occurred on the date and hour stated above.

Immediate cause of death lung abscess Duration 5 months

Due to Blau pneumonia ?

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature L. K. Kuman (M. D. or other) _____
Address Co. Hosp. Date signed _____

3. (a) PRINT FULL NAME Frank Chojnacki

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

4. Sex male race white 5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Wiesniewska 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Dec. 15 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	5	18	hr. min.

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

10. Usual occupation nil.

11. Industry or business _____

12. Name Unknown Chojnacki

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

14. Maiden name unknown unknown

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

16. (a) Informant Agnes Demmy

(b) Address 2665 Hord

17. (a) _____ (b) Date thereof 6-5-41
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis ave

19. (a) JUN - 3 1941 (b) St. R. Meyer
(Date received local Registrar) (Registrar's signature)

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

3296

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..... *Wm J Beakley*
per H. Meyer
Licensed Embalmer No.....

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.