

No. 2  
4-13-40  
5-17-39  
PI X23189

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED JUL 21 1941  
791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19847  
State File No. \_\_\_\_\_  
Registrar's No. 4659

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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 (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 Stanley Galczynski

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-07-3409

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased February 12 1899  
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Wood Worker

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

12. Name Paul Galczynski

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

14. Maiden name Pauline Dombrowski

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

16. (a) Informant Albert Galczynski

(b) Address 1315 Sarsfield Place

17. (a) Burial (b) Date thereof June 5, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral

(b) Address 2235 University Street

19. (a) JUN 4 - 1941 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1315 Sarsfield Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2,  
year 1941 hour 10:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from May 30, 19 41 to June 2, 19 41  
that I last saw him alive on June 2, 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Septic ulcer

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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 W. M. E. Howard (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 6/2/41

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

5920

MOTHER FATHER

NOV 3 1947

**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.....

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.**