

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23432

State File No.

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 100E

Registrar's No. 5784

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community.....

3. (a) PRINT FULL NAME Infant Krygiel

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

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

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

7. Birth date of deceased. July 13, 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>4</u> hr. <u>2</u> min.

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

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER { 12. Name. Edward Krygiel

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

14. Maiden name. Katherine Aubuchon

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

16. (a) Informant Edward Krygiel

(b) Address 1902 Oregon Ave.

17. (a) Burial (b) Date thereof July 14, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) JUL 14 1941 (b) [Signature]
(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. 1902 Oregon Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 7:30 minute PM

21. I hereby certify that I attended the deceased from July 13, 1941 to 7:30 P.M. July 13, 1941
that I last saw him alive on July 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration 4 hrs.

Due to Premature birth
(7 mon.)

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 Eugene H. Eddele (M. D. or other) M.D.
Address 3019 So. Jefferson Date signed 7-14-41

STATEMENT BY LICENSED EMBALMER

NOT EMBALMED

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.