S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

D[illegible]TMENT OF COMMERCE
[illegible]EAU OF THE CENSUS

AUG 28 1941

[illegible]n District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23520

Registrar's No. 5872

1. PLACE OF DEATH

(a) County City of St. Louis

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

(c) Name of hospital or institution: 4652 Tennessee Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~City of St. Louis~~

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

(d) Street No. 4635 Virginia 15 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Boleslaw Zatorski

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Bernice Zatorski

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

7. Birth date of deceased 6 (Month) 14 (Day) 1873 (Year)

8. AGE: Years 68 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Poland (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Zatorski
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Rosiecki
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Edward Zatorski

(b) Address 4652 Tennessee Av.

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof 7 (Month) 19 (Day) 41 (Year)

(c) Place: burial or cremation New St. Peter and Paul

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) JUL 18 1941 (Date received local registrar) (b) J. Wiedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16 year 1941 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 1 1941, to July 16 1941, that I last saw him alive on July 16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis and Carcinoma Prostrate Gland

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 5 1 6

Major findings:
Of operations no
Of autopsy no

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. J. Vizgird (M. D. or other) 1

Address 3519 Kopyhtiere Date signed 7/17/41

(Licensed Embalmer's Statement on Reverse Side)

Dr J J Vizgird
1875 Cass Ave

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23520

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5872

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4652 Delmar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4635 Virginia
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Boleslaw Zatorski
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 9-16-41 (Date received local registrar) (b) J. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY