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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28640

Registration District No. 423 Primary Registration District No. 5578 Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Rock Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 miles E. of Fenton Mo (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 050 0

(c) ~~City or~~ town Near Fenton Mo. Rural (If outside city or town limits write "RURAL")

(d) Street No. St Louis lived in City (If rural, give location) 0

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

3. (a) PRINT FULL NAME Theodore Szydloowski

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race W

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Single 0

6. (b) Name of husband or wife John Szydloowski

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

7. Birth date of deceased Sep 11, 1933 (Month) (Day) (Year)

8. AGE: Years 7 | Months 11 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name John Szydloowski
13. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary-Kuczycz Jr
15. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Ben Kosakowski

(b) Address 2205 St Louis ave

17. (a) 8/17/41 (Burial, cremation, or removal) (b) Date thereof 8-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvery Cemetary

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

(b) Address 2205 St Louis ave

19. (a) Aug 17 41 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1941 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Verdict of Coroner Jury

Due to By accidental ~~death~~ drowning in Meramac River 3 mi SW Fenton Mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accident

(b) Date of occurrence Aug 17 1941 050

(c) Where did injury occur? Jefferson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Merrimac River (Specify type of place)

While at work? no (e) Means of injury —

23. Signature C H Clement Acting Coroner (M. D. or other)

Address Kimmswick Mo Date signed 8/17/41

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 6 1941

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 Albert L. Hoffe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.