

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1865

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Affton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8100 Gravois /  
(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

3. (a) PRINT FULLNAME Joseph Czajcenski

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 4928-01-2552

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

6. (b) Name of husband or wife Frances  
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 3, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>6</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Showworker

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

12. Name Albert Czajcenski

13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Czajcenski

(b) Address 8100 Gravois

17. (a) burial (b) Date thereof 9/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director John H. Zuguebaum

(b) Address 710 34th St

19. (a) SEP 11 1941 (b) J. M. ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis \*Affton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8100 Gravois  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 6 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10  
year 1941 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 9, 1941, to Sept 10, 1941,  
that I last saw him alive on Sept 19, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
and  
acute Circulatory Collapse

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 13/1/1  
Of autopsy \_\_\_\_\_

Duration 2

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) (e) Means of injury \_\_\_\_\_

23. Signature J. M. ... (M. D. or other) 0  
Address 68119 Gravois Date signed 9/11/41

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

MOTHER FATHER

**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..... *C. P. Kidwell* .....

Licensed Embalmer No. *3877* .....

P. O. Address..... *7027 Grava* .....

**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.**