

FILED OCT 18 1941
791

STANDARD CERTIFICATE OF DEATH

State File No. 30097

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7436

1. PLACE OF DEATH:

(a) County 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:
3203 Portis 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)

3. (a) PRINT FULL NAME Charles Kadlowski

3. (b) If veteran, name war None 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Dora Kadlowski 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 17 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Switchman

11. Industry or business Terminal Rail Road

MOTHER FATHER { 12. Name Otto A. Kadlowski

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

14. Maiden name Elizabeth Kuloff

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

16. (a) Informant Dora Kadlowski

(b) Address 3203 Portis Ave

17. (a) Burial (b) Date thereof Sept 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) SEP 15 1941 (b) J. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 16 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 3203 Portis Ave 9
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day September
 year 1941 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from January
 1939, to Sept 11 1939;

that I last saw him alive on Sept 11 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction N. Diema
Cardiac De Compensation
Carcinoma of Thyroid
 Duration _____

Due to _____

Due to _____

Other conditions J. Biedeck
(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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature J. Biedeck (M. D. or other) Physician

Address no. pec. hosp Date signed 9/13/41

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

*An Bord
Mó Pasáil*

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 *Frank J. Owen*

Licensed Embalmer No. *2241*

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.