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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 7194

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 10

State File No. 677

Registrar's No. 349

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2

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

(d) Street No. 5522 Holly Hills Ave.
(If rural, give location)

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

If yes, name country

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3. (a) PRINT FULL NAME Martin J. Nowak

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Anna Nowak

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October (Month) 26 (Day) 1888 (Year)

8. AGE: Years 53 | Months 2 | Days 15 | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Wood worker

MOTHER FATHER

12. Name John Nowak

13. Birthplace (City, town, or county) Germany (State or foreign country) 4

14. Maiden name Dont Know

15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Anna Nowak

(b) Address 5522 Holly Hills Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Brockland Und Co

(b) Address 1827 Hogan Str

19. (a) JAN 12 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1942 hour 428 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1942 to Jan 10 1942 and that I last saw him alive on Jan 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	6 days
Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Right Hemiplegia	6 days

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 0

(f) Signature Robert J. Farrell (M. D. or other)

Address 624 N. Union Date signed 1/12/42

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 2971

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.