

S. No. 2
M-4-13-40
v. 5-17-39
I X23159

703
706

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. _____

FILED FEB 24 1942

Registration District No. _____ Primary Registration District No. _____

00
17
9

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Louisiana Ave
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis 15 000
(If outside city or town limits, write "RURAL")

(d) Street No. 4213 Louisiana Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Stanislaus (Charles) Pawlak

3. (b) If veteran, name war _____

3. (c) Social Security No. Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1942 hour 12 minute 30 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Stella Molinski

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Nov. 1 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 10 1940 to Jan 22 1942
that I last saw him alive on Jan 22 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 2 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death myocarditis

Due to _____

Due to _____

9. Birthplace Nashville Ills 1
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name John Pawlak

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Stella Pawlak

(b) Address 4213 Louisiana Ave

17. (a) burial (b) Date thereof 1. 24. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Olives

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 _____

18. (a) Signature of funeral director J. J. Ambrosini

(b) Address 5401 S. Grand Blvd

19. (a) JAN 23 1942 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature A. H. Cleveland (M. D. or other) Mo. 10

Address 3326 Wilmore St Date signed 1-22-42

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 *Wilford M. Burnley*
Licensed Embalmer No. *4202*
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.