S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8605

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3320

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: City Hospital 0 (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 000 17 9

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3862 Folssom (If rural, give location)

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

If yes, name country 25 years 0

3. (a) PRINT FULL NAME Raymond Golembiewski

3. (b) If veteran, name war ------ --

3. (c) Social Security 492-01-8639

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Lucille Golembiewski

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased August (Month) 5 (Day) 1909 (Year)

8. AGE: Years 32 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Shoe worker

FATHER
12. Name Walter Golembiewski
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Helen Kobalinska
15. Birthplace Poland (City, town, or county) 4 (State or foreign country)

16. (a) Informant Lucille Golembiewski

(b) Address 3862 a Folssom

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1841 Cass Ave

19. (a) APR 14 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 12 year 1942 hour 1 minute 50 A. 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 Laceration of Brain Skull Fracture when Taken a Second floor Banister on a porch gave Away Causing him to fall to ground at 3862 a Folsom ave

Due to about 3:30 pm 4/11/42

Other conditions (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) Accident

(b) Date of occurrence 4/11/42

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

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

17 While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Lafayette Date signed 4/14/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 8 1942

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 G. Haffa

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.