V. S. No. 2
50M—1-4-41
Rev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 19 1942 91

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

13072

State File No.

Registrar's No. 4155

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:
4527a Pennsylvania 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County

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

(d) Street No. 4527a Pennsylvania Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Stanley Sikorski,

3. (b) If veteran, name war

3. (c) Social Security No. 494-03-9532

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Erma Sikorski,

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased November (Month) 13 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
41	5	25	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Ass't Foreman,

11. Industry or business Fred Medart Mfgr. Co.

FATHER
12. Name John L. Sikorski,
13. Birthplace (City, town, or county) Germany, (State or foreign country)

MOTHER
14. Maiden name Veronica Preiss,
15. Birthplace (City, town, or county) Germany, (State or foreign country)

16. (a) Informant Erma Sikorski,
(b) Address 4527a Pennsylvania Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. P & P Cem.

18. (a) Signature of funeral director Gebken-Benz-Mortuary
(b) Address 2842 Meramec St.

19. (a) MAY 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1942 hour 5: minute 35 P. M.

21. I hereby certify that I attended the deceased from Dec - 6 - 1941 to May 8 - 1942 that I last saw him alive on May - 8 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Cerebral Hemorrhage) (Left side) — Duration 5-7-42

Due to Chronic Myocarditis & Chronic Endocarditis

Due to Malignant Hypertension

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

23. Signature Roman Strong (M. D. or other) M.D.
Address 4500 Virginia Date signed 5/9/42

(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 Me, Registered Apprentice No., working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

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.