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S. No. 2  
M-9-4-41  
Rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16311  
State File No. 4257  
Registrar's No.

Registration District No. 791

Primary Registration District No.

600  
17  
9  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: St. Louis City Hospital  
(d) Length of stay: In hospital or institution 1 Mo. 12 Days  
In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(d) Street No. 906 Tyler St.  
(e) Citizen of foreign country? Poland

3. (a) PRINT FULL NAME Steve Kaucki  
(b) If veteran, name war None  
(c) Social Security No. 489-10-8085

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 13, year 1942 hour 6:15 minute A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Veronica  
(c) Age of husband or wife if alive 71 years

21. I hereby certify that I attended the deceased from March 31, 1942, to May 13, 1942, that I last saw him alive on May 13, 1942, and that death occurred on the date and hour stated above.  
Immediate cause of death Terminal Bronchopneumonia, metastatic to cerebral hem.

7. Birth date of deceased: May 5 1885  
(Month) (Day) (Year)

Due to Arteriosclerosis of  
Due to Primary in Brain  
Other conditions: Stroke  
(Include pregnancy within 3 months of death)

8. AGE: Years 57 Months 0 Days 8  
If less than one day hr. min.

PHYSICIAN  
Major findings: Stroke  
Of operations: None  
Of autopsy: Same  
Underline the cause to which death should be charged statistically.

9. Birthplace Poland  
10. Usual occupation General Laborer  
11. Industry or business Mo. Furniture Co.  
12. Name Andrew Kaucki  
13. Birthplace Poland  
14. Maiden name UNKNOWN  
15. Birthplace Poland

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Veronica Kaucki  
(b) Address 906 Tyler St.  
17. (a) Burial (b) Date thereof 5-15-42  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Brookland  
(b) Address 1827 Hogan St.  
19. (a) Date received local registration MAY 14 1942 (b) Registrar's signature J. J. Bruck

23. Signature Dea Mad (M. D. or other) 0  
Address 1515 Lafayette Avenue Date signed 5/13/42

**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 *J. G. Sullivan*  
Licensed Embalmer No. *1122*  
P. O. Address *City*

**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.**