

FILED JUN 29 1942

791

Primary Registration District No.

1003

5197

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:
St Louis Children Hospital 6
(If not in hospital or institution, write street number of 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.....
(c) City or town St Louis 21 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1424 A Hogan st
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 42 hour 2 minute P.M.
21. I hereby certify that I attended the deceased from 5-1
..... 1942 to 6-14 1942
that I last saw him alive on 6-14- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia
Duration 7 mo.

Due to.....
Due to.....
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 J. F. Predeck (M. D. or other).....
Address 506 N. Kingshighway Date signed.....

3. (a) PRINT FULL NAME MARTIN EUGENE SZYCHOWSKI

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased. June 27 1931
(Month) (Day) (Year)

8. AGE: Years 10 Months 11 Days 17 If less than one day hr..... min.....

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name MARTIN SZYCHOWSKI
13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)
14. Maiden name GERTRUDE ELMS
15. Birthplace PERCY Ills
(City, town, or county) (State or foreign country)

16. (a) Informant Master Szychowski
(b) Address 1424 A Hogan

17. (a) Burial (b) Date thereof 6/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Central Wash. Conf

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

(b) Address 1941 Cass Ave

19. (a) JUN 15 1942 J. F. Predeck
(Date received local registrar) (Registrar's signature)

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

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.....

W. W. Wilkinson

Licensed Embalmer No.....

3878

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.