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FILED AUG 11 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23252

Registration District No. 791

Primary Registration District No. 1005

Registrar's No. 6361

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

1. PLACE OF DEATH:

(a) County 00

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

(c) Name of hospital or institution: 11th and Olive sts.
(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County 999

(c) City or town Detroit
(If outside city or town limits, write "RURAL")

(d) Street No. 1019 Bratiot
(If rural, give location)

(e) Citizen of foreign country? ..... 2 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Josephine Moytowicz

3. (b) If veteran, name was no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Joseph Moytowicz

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

7. Birth date of deceased March 19 1892
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	4	8	..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Joseph Moytowicz

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

14. Maiden name Frances Chmielewska

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

16. (a) Informant Joseph Moytowicz

(b) Address 1019 Bratiot Detroit

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Detroit Mich.

18. (a) Signature of funeral director Paul C. Calcaterra

(b) Address 5142 Daggett Ave

19. (a) JUL 28 1942 (Date received local registrar) (b) F. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 13 minute 30 P. 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 Bronchopneumonia
Duration months
Due to Acute myocardial degeneration
Due to Fracture of left femur with shortening
Due to Fall from left floor while at work
Due to Fall 12:30 PM July 27 1942

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) Suicide

(b) Date of occurrence July 27 1942

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

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

While at work? No (e) Means of injury Jumping from window

23. Signature Thomas F. Callan (M. D. or other)

Address Deputy Coroner Date signed 7/28/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jorge Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.