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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25369**  
Registrar's No. **1542**

FILED JUL 27 1942  
Registration District No. **154**

Primary Registration District No. **100**

76  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
MOTHER FATHER  
Me. G.

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Jefferson Barracks, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Station Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **June 20, 1942** years, months or days)

3. (a) PRINT FULL NAME **JOHN (None) SZAWERDA**  
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 **December 26 1906**  
(Month) (Day) (Year)

8. AGE: Years **35** Months **6** Days **22** If less than one day \* hr. \* min.

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

10. Usual occupation **Clerical work**

11. Industry or business **Clerical work**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Clinical Record.**

(b) Address **Station Hosp., Jeff. Bks., Mo.**

17. (a) **Burial** (b) Date thereof **7-20-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chicago, Ill.**

18. (a) Signature of funeral director **James H. Bagg, Inc.**

(b) Address **1314 N. Dr. K. St. Louis, Mo.**

19. (a) **JUL 18 1942** (b) **W. M. Garrison**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Illinois** (b) County **Cook**  
(c) City or town **Chicago**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5220 Montanna Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **Unknown** (Yes or No)  
If yes, name country **\*\*\***

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **Seventeenth**  
year **1942** hour **18** minute **10** M. X

21. I hereby certify that I attended the deceased from **July Seven-teenth** 19**42** to **July Seventeenth** 19**42**, that I last saw him alive on **July Seventeenth** 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Brain Hemorrhage** Duration \_\_\_\_\_

Due to **Heat, ill defined effects of, Sun.**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **1941**

Major findings: Of operations \_\_\_\_\_

Of autopsy **Confirmed above.**

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 **7-18-42**

(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? **Henry Sydon** (c) Means of injury \_\_\_\_\_

23. Signature **Henry Sydon, Capt. MC** (M.D. or other) **MC**

Address **Station Hosp., Jeff. Bks., Mo.** signed **7-18-42**

JUL 28 1947

MAR 28 1947

**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..... *Louis H Bopp* .....

Licensed Embalmer No. *921* .....

P. O. Address. *Kirkwood* .....

**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.**