

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

**7229**

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:  
De Paul Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours  
(Specify whether years, months or days)

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

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

(d) Street No. 20 Nolan Drive.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Bernard J. Kaszewski

3. (b) If veteran, name war.....

3. (c) Social Security No. 493-01-2513

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Cecelia Kaszewski

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 21, 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>2</u>	<u>7</u>	hr.

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

10. Usual occupation Shoe Worker.

11. Industry or business.....

MOTHER FATHER

12. Name John Kaszewski

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

14. Maiden name Anna Fenzek.

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

16. (a) Informant Mrs. Cecelia Kaszewski

(b) Address 20 Nolan Drive

17. (a) Burial (b) Date thereof 8-31-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) AUG 24 1942 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th. year 1942 hour 1. minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 27 1942 to Aug 28 1942  
that I last saw him alive on Aug 27 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 4 days

Due to virus infection (to be proven by autopsy)

Due to.....

Other conditions Chronic myo corded 2  
(include pregnancy within 3 months of death)

Major findings Of operations.....

Of autopsy Report not completed at time of signing this certificate.

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?.....

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

23. Signature R. Bennett (M. D. or other)  
Address 1117 N. Grand Date signed Aug 28

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.