

Registration District No. **26**

Primary Registration District No. **2016**

Registrar's No. **184**

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 612 East Capitol Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Stanley Walter Piasecki

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

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Irene A. Piasecki

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 30 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>2</u>	<u>9</u>	hr. min.

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

10. Usual occupation Registered Nurse

11. Industry or business Mo. State Penitentiary

12. Name Joseph Piasecki

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

14. Maiden name Joséphine Borucki

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

16. (a) Informant M. A. Colvin

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Aug-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Thos J. Gorman

(b) Address Jefferson City, Missouri

19. (a) 8-10-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1942 hour 1 minute 5 M.

21. I hereby certify that I attended the deceased from Aug 3 to Aug 9, 1942.

that I last saw him alive on Aug 8 and that death occurred on the date and hour stated above.

Immediate cause of death Acute appendicitis Duration 42

Due to 1278

Due to 1278

Other conditions Toxic hepatitis (acute) 2 days
(Include pregnancy within 6 months of death)

Major findings: Acute appendicitis

Of operations None

Of autopsy None

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? _____

While at work _____ (Specify type of place) _____ (e) Means of injury 10

23. Signature Thos J. Gorman (M. D. or other) _____
Address Jefferson City Date signed 8-10-42

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

26
45
4

26
5
4

AUG 21 1938

MAY 19 1938

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 Levent*

Licensed Embalmer No. *4096*

P. O. Address *Jefferson 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.