

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35770

FILED NOV 23 1942

Registration District No. 318Primary Registration District No. 1003Registrar's No. 9453

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 28 Days
 In this community.....
 years, months or days

3. (a) PRINT FULL NAME Elenore Orzel

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Joseph Orzel 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased.....
 (Month) (Day) (Year) Oct 20 1896

8. AGE: Years 46 Months 20 Days 4 If less than one day
 hr. min.

9. Birthplace Poland (City, town, or county) 4 (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name J. Stutzbach
 { 13. Birthplace Poland (City, town, or county) 4 (State or foreign country)
 { 14. Maiden name.....
 { 15. Birthplace..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Joseph Orzel(b) Address 1433 Cass Ave17. (a) Basal (b) Date thereof 11-14-42
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Central Mort Co(b) Address 1841 Cass Ave19. (a) NOV 12 1942 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town St. Louis 19
 (If outside city or town limits, write "RURAL") 926
 (d) Street No. 1433 Cass Ave
 (If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country Poland 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10,
 year 1942 hour 5:35 minute P. M.21. I hereby certify that I attended the deceased from October
13, 1942 to November 10, 1942
 that I last saw him alive on November 10, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death cirrhosis of the liver
 Duration

Due to.....

Due to.....

Other conditions 1/1/4
 (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Refused
 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.....

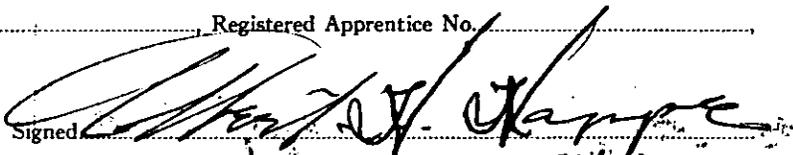
(c) Where did injury occur?.....
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
 (Specify type of place) (2) Means of injury.....23. Signature Dom Petersen (M. D. or other) 11/12/42
 Address 1515 Lafayette Avenue Date signed.....

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 

Licensed Embalmer No. 1861

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.