

V. S. No. 2
 50M-5-42
 Rev. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39393**
 Registrar's No. **10976**

FILED JAN 13 1943 **318**
 Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1811 1/2 2nd Street
(If rural, give location)

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

3. (a) PRINT FULL NAME BOLISLAUS SZARZYNSKI

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
 year 42 hour 4:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Szarzynski 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: August (Month) 18 (Day) 1870 (Year)

Immediate cause of death: Subdural Hemorrhage of Brain; Fracture of Right Leg; Fracture of Pelvis; when he was struck by a Deluxe Taxi-Cab operated by one James Andrew Campbell (Col) in front of about 1724 S. Broadway about 2:40 A.M. Dec. 27, 1942.

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>4</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace: Poland (City, town, or county) _____ (State or foreign country) 4

10. Usual occupation: City Infirmary

11. Industry or business _____

Major findings: _____
 Of operations: _____
 Of autopsy: _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name: Nathaniel

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

14. Maiden name: Blahous

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

16. (a) Informant: Frank Szarzynski

(b) Address: 1618 N. 17th St.

17. (a) Father (b) Date thereof: 12-31-42
(Burial, _____) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Center

18. (a) Signature of funeral director: Identical West Co.

(b) Address: 1841 Cass Ave

19. (a) DEC 30 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: Dec. 27, 1942

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

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

While at work? _____ (a) Means of injury: _____

23. Signature: Thomas F. Callahan
(M.D. or other)
 Address: Deputy Coroner Date signed: 12-29-42

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.....

Guy W. Wilkinson

Licensed Embalmer No. *3575*

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.