

FILED  
M-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 20 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 277  
Registrar's No. 526

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
 (a) County... St. Louis Mo.  
 (b) City or town... St. Louis Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis Baptist Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution...  
 In this community... 9 (Specify whether 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. 5746 Salomo  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country...

3. (a) PRINT FULL NAME LEOPOLD, GAWEDZINSKI

3. (b) If veteran, name war... 3. (c) Social Security No. 490-03-2616

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced widowed  
 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased Nov 10 1874  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 2 3 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Gawedzinski

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

14. Maiden name Polak

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

16. (a) Informant William Gawedzinski

(b) Address 4712 Plouer, and

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43  
 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Wash. I

(b) Address 1841 Cass ave

19. (a) JAN 19 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17 year 43 hour 8:30 minute 4 M.

21. I hereby certify that I attended the deceased from 1/17/43 to 1/17/43 that I last saw him alive on 1/16/43 and that death occurred on the date and hour stated above.

Immediate cause of death Complications of Stomach 4 Mo. Metastasis of Cancer  
 Due to Stomach Cancer

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca of Stomach  
 Of operations Metastasis of cancer in various  
 Of autopsy Colch  
none

Duration

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) (a) Means of injury

23. Signature Janet Cabon (M. D. or other) Address 5324 Riverfront Date signed 1/18/43

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

*G. W. Wilkins*

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.**