V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8462

State File No.

FILED MAR 30 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2648

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

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:
2932 University St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 13 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 2932 University St
(If rural, give location)

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

If yes, name country Poland 0

3. (a) PRINT FULL NAME Frank Kenski or Konstanty Kenski

3. (b) If veteran, name war None

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 Mary

6. (c) Age of husband or wife if alive 50yrs years

7. Birth date of deceased April 4th. 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days ~~15~~ 14 If less than one day hr. min.

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

10. Usual occupation Grocer

11. Industry or business Retail Grocer Self

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Mrs Mary Kenski
(b) Address 2932 University St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) MAR 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 18th year 1943 hour 7:55 PM minute M.

21. I hereby certify that I attended the deceased from 2/1-43 to 3/18-43 that I last saw him alive on 3/18-43, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Hephritis Chr Glomerular

Due to Cirrhosis of Liver

Due to

Other conditions Ascites
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature R K Anderson (M. D. or other)

Address 4932 Morgan Cave Date signed 3/19-43

#8

844

(Licensed Embalmer's Statement on Reverse Side)

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.....Homer H. Doty.....

Licensed Embalmer No. 3882.....

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.