

FILED APR 5 1948

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **2907**

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: **Alexian Bros Hospital,**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 Days,**  
(Specify whether)

In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County.....  
 (c) City or town..... **St. Louis,**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3400 So. Grand Blvd.,**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Andrew Oszechowski,**  
 3. (c) Social Security name war..... No.....

4. Sex **Male,** 5. Color or face **White,** 6. (a) Single, widowed, married, divorced, **Widowed,**  
 6. (b) Name of husband or wife..... **Josie** 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**ABOUT 72** -- -- hr. min.

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

10. Usual occupation..... **Laborer,**

11. Industry or business.....

MOTHER FATHER  
 { 12. Name **Michael Oszechowski,**  
 { 13. Birthplace **Poland, 4**  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name **Angela Malwauski,**  
 { 15. Birthplace **Poland, 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Str. St. Ludvine,**  
 (b) Address **3400 So. Grand Blvd.,**

17. (a) **Burial,** (b) Date thereof **3/27/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. P. & P. Cem.**

18. (a) Signature of funeral director **Febben - Benz Mortuary**  
 (b) Address **2842 Meramec St.**

19. (a) **MAR 27 1943** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March,** day **25**  
 year **1943** hour **6:** minute **00** A. M.

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

Immediate cause of death  
**Cholecystitis**  
**Acute Cholecystitis**  
 Due to **Cholelithiasis**  
**Strangulated Right**  
**Colon**  
 Due to **Regional Ileitis**  
 Other conditions **Arteriosclerosis**  
(Include pregnancy within 3 months of death)

Duration  
**1 1/2**  
**4 days**  
**1 1/2**  
**3 days**  
 PHYSICIAN  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

Major findings:  
 Of operations **Cholecystitis**  
 Of autopsy **Strangulated Nerve**

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)  
 Means of injury.....  
 23. Signature **J. F. Brudick** M. D. or other  
 Address **Union Club Bldg** Date signed **3/25**

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

*Embalmer's separate certificate to be filed*

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.....

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.**