

FILED MAY 19 1943 318
Registration District No.

Primary Registration District No. 1003 Registrar's No. 4449

1. PLACE OF DEATH:
(a) County.....
(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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 5 weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Mo. (b) County..... 000 17
(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3021 RAUSCHENBACH
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME KENNETH PIENKOWSKI
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 10
year 1943 hour noon minute..... M.
21. I hereby certify that I attended the deceased from birth
..... 19..... to 5/10/43 19.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced..... 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased..... March 1 1943
(Month) (Day) (Year)

that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death..... Pneumonia
Abscess in lung ?
Duration
Due to.....
Due to..... 159
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
2 9 hr. min.
9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy..... yes
Underline the cause to which death should be charged statistically.

10. Usual occupation.....
11. Industry or business.....
12. Name Stanley Pienkowski
13. Birthplace Bridgeport Con 1
(City, town, or county) (State or foreign country)
14. Maiden name Anna Belfert
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Anna Belfert
(b) Address 3021 Rauschenbach
17. (a) Burial (b) Date thereof..... 5 14 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis ave
19. (a) MAY 13 1943 J. P. Bredenk
(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).....
(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 W. H. ... (M. D. or other)
Address 3720 Washington Date signed 5/11/43

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

C. H. 1529

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

Albert G. Kapp

Licensed Embalmer No. 2971

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.