

22532

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED JUL 10 1943

Registration District No. 17

Primary Registration District No. 3063

Registrar's No. 1574

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
County Hospital 0
(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 Missouri (b) County _____ ⁰⁰⁰
₁₇

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

(d) Street No. 2001 Blair Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____ ¹

3. (a) PRINT FULL NAME Stanley Zbizarowski

3. (b) If veteran, name war Polish Army 3. (c) Social Security No. 492-10-9164

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 57 hr. _____ min.

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

10. Usual occupation Labor

11. Industry or business Liberty Tdy Co

12. Name Stanley Zbizarowski

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

14. Maiden name Katarzyna Olczak

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

16. (a) Informant Anna Glezewska

(b) Address 2617 W. 10th

17. (a) Burial (b) Date thereof 7-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave

19. (a) JUL 9 1943 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 12:55 minute A 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.

Immediate cause of death From injuries received when he ran into a Service car on a public highway.

Due to Compound fractures of both legs; Fractured ribs; Multiple

Due to bruises, abrasions and lacerations; Lacerations of

Other conditions liver; Hemorrhage into abdominal cavity; Internal

Major findings: Of operations bruises.

Of autopsy Yes. 1700:4:4

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

(a) Accident, suicide, or homicide (specify) Accident. 196

(b) Date of occurrence July 4, 1943

(c) Where did injury occur? Broadway & Weiss Aves.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? _____ (Specify type of place) (e) Means of injury 2

Signature Louis H. Boylaine (M. D. or other)
Address Kirkwood, Mo. 7-7-43 Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

96
0
0

.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.