. S. No. 2
M—9-4-41
ev. 5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27188

FILED SEP 11 1943

Registration District No. 2212

Primary Registration District No. 1003

Registrar's No. 7883

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs. (Specify whether
In this community 10 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Mo (b) County

(c) City or town St. Louis, 209
(If outside city or town limits, write "RURAL")

(d) Street No. 3817a N. 22nd Str.
(If rural, give location)

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

If yes, name country + 0

3. (a) PRINT FULL NAME Paul Anthony Wierciszwski

3. (b) If veteran, name war +

3. (c) Social Security No. +

4. Sex Male

5. Color or race W

6. (a) Single, ~~widowed, married, divorced~~ SO

6. (b) Name of husband or wife +

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

7. Birth date of deceased August (Month) 31st (Day) 1943 (Year)

8. AGE: Years	Months	Days	If less than one day
+	+	+	10 hrs. min.

9. Birthplace St. Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation new born.

11. Industry or business —

FATHER
12. Name Henry Wierciszwski
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Virginia Ahrens
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant A. F. Landsky, R.N.
(b) Address Lutheran Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) SEP 2 1943 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1st year 1943 hour 6 20 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 31st, 1943, to Sept. 1st, 1943 that I last saw him alive on Sept. 1st, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Aspiration pneumonia caused by abruptio placenta shortly before delivery.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 160 C

Major findings:
Of operations —

Of autopsy no.

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 [illegible] (M. D. or other)

Address [illegible] Date signed 9/2/43

(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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo

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.