

OCT 19 1943

318

1005

8771

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution:  
2506 Howard Str.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St Louis  
(If outside city or town limits write "RURAL")  
(d) Street No. 2506 Howard str  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MICHAEL THOS. BOROWIAK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 327-03-0314

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Augustine Borowiak 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased Sept 26 1915  
(Month) (Day) (Year)

8. AGE: Years 28 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation Meat Inspector

11. Industry or business American Packing Co

12. Name Nick Borowiak

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

14. Maiden name Bernase Schultz

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

16. (a) Informant Mrs. Augustenia Borowiak

(b) Address 2506a Howard Str.

17. (a) Burial (b) Date thereof 10/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Central Und Co.

(b) Address 1841 Cass ave

19. (a) OCT 4 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st  
year 1943 hour 6:30 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 Fracture of skull  
Supraorbital hemorrhage of Brain  
When he was found in a stairwell  
of a building adjacent to 2312  
St. Louis Ave. about 6:30 AM  
Due to Oct 1 1943  
Cause and manner of same

Other conditions could not be determined  
(Include pregnancy within 3 months of death)

Major findings: 193-1-1  
Of operations \_\_\_\_\_

Of autopsy no

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

(a) Accident, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence Oct 1 1943

(c) Where did injury occur? St. Louis  
(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? no (Specify type of place) (e) Means of injury hit comm.

23. Signature Thomas F. Callahan (D) or other Deputy Coroner  
Address \_\_\_\_\_ Date signed 10-4-43

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

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

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**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. Hooper*.....

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, above space should be left blank.**