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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36263

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10375

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2233a Warren Street 17
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 9

If yes, name country 0

3. (a) PRINT FULL NAME Julius Czarnecki

3. (b) If veteran, name war -

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Stella Czarnecki

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased July (Month) 1st. (Day) 1903 (Year)

8. AGE: Years 40 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation Shoe worker

11. Industry or business

FATHER
12. Name Martin Czarnecki Sr.
13. Birthplace (City, town, or county) 4 Poland (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) 4 Poland (State or foreign country)

16. (a) Informant Stella Czarnecki
(b) Address 2233a Warren Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/43. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home Inc.
(b) Address 2233 University Street

19. (a) NOV 27 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

841

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26, year 1943 hour 2:32 minute A. M.

21. I hereby certify that I attended the deceased from November 4, 1943 to November 26, 1943; that I last saw him alive on November 26, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic Heart Disease	
Due to Mitral Stenosis	
Due to Lobar Pneumonia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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) None

(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 William J. Barr (M. D. or other)

Address 1515 Lafayette Ave., Date signed 11/26/43

(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 Edward H. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton 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.